

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90142 004 ***150.00

DOCUMENT # V38986

1. Entity Name

CANEEL BAY MANAGEMENT, INC.

Principal Place of Business

**4440 PGA BLVD.
SUITE 402
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**1 RICHMOND SQUARE
PROVIDENCE RI 02906
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0334447**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHEIN, HAROLD I.
C/O WOLLETT & ASSOCIATES, P. A.
4440 PGA BLVD STE 183 402
PALM BEACH GARDENS FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHEIN, HAROLD	
STREET ADDRESS	1 RICHMOND SQUARE	
CITY-ST-ZIP	PROVIDENCE RI 02906	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPDT	<input type="checkbox"/> Delete
NAME	SCHEIN, PHILIP	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHEIN, MICHAEL	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHEIN-FONTAINE, LESLIE	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEIN, MICHAEL	
STREET ADDRESS	125 HARSHORN ROAD	
CITY-ST-ZIP	PROVIDENCE RI 02906	


TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHEIN, HAROLD I	
STREET ADDRESS	1 RICHMOND SQUARE	
CITY-ST-ZIP	PROVIDENCE RI 02906	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold I. Schein

1/23/01 (401) 521-3000

Date

Daytime Phone #

CR2E034 (10/00)