

2000 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-10-2000 90125 010 ***150.00

DOCUMENT # V49955

1. Entity Name
CHRISTOPHER BRYANT, INC.

Principal Place of Business
400 SE 16TH AVE
3000
POMPANO BCH. FL 33060
US

Mailing Address
2033 W MCNAB RD STE 2
POMPANO BCH. FL 33069-4363
US

2. Principal Place of Business
2033 W MCNAB RD
Suite, Apt. #, etc.
SUITE 1

3. Mailing Address
Suite, Apt. #, etc.

City & State
Pompano Beach FL

Zip
33069

Country
USA

4. FEI Number
65-0345320

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

N-BRYANT, JAMILER
400 SE 18TH AVE.
POMPANO BEACH FL 33080

Name
GARY SUSSER P.A.
Street Address (P.O. Box Number is Not Acceptable)
2755 S Federal Hwy Suite 13
City
Boynton Beach FL Zip Code
33435

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
GARY SUSSER P.A.

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

(NOTE: Registered Agent signature required when reinstating)

4-1-00
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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	BRYANT, CHRISTOPHER	400 SE 16 AVE.	POMPANO BCH. FL	<input type="checkbox"/>
P	BRYANT, CHRISTOPHER	400 SE 16TH AVE.	POMPANO BCH. FL	<input type="checkbox"/>
VP	BRYANT, JAMILET	400 SE 16TH AVE.	POMPANO BEACH F	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Christopher Bryant 04-01-00 954-970-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)