

FILED  
Jun 21, 2001 8:00 am  
Secretary of State

05-11-2001 90469 044 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47865

1. Entity Name

PALMTRAIL, INC.

UA

Principal Place of Business

344 PALM TRAIL  
DELRAY BEACH FL 33483

Mailing Address

344 PALM TRAIL  
DELRAY BEACH FL 33483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0324017

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAURA GONZALEZ  
325 WINTERS ST  
W PALM BCH FL 33405

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 restate)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME JOAN M MCINTOSH  
STREET ADDRESS 344 PALM TRAIL  
CITY-ST-ZIP DELRAY BCH FL 33483

TITLE President  Change  Addition  
NAME Hortensia Segarra D  
STREET ADDRESS 344 Palm Trail  
CITY-ST-ZIP Delray Beach, FL 33483

TITLE TD  Delete  
NAME KUSTNER, CATHERINE MARY  
STREET ADDRESS 344 PALM TRAIL  
CITY-ST-ZIP DELRAY BEACH FL

TITLE Treasurer  Change  Addition  
NAME Joan M. McIntosh D  
STREET ADDRESS 344 Palm Trail  
CITY-ST-ZIP Delray Beach, FL 33483

TITLE SD  Delete  
NAME REDING, MARY JOSITA D  
STREET ADDRESS 1052 NORTH DR. #D  
CITY-ST-ZIP DELRAY BCH. FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  Delete  
NAME MALONEY, DOROTHY A. D  
STREET ADDRESS 80 LINCROFT RD.  
CITY-ST-ZIP NEW ROCHELLE NY

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hortensia Segarra Hortensia Segarra 4/28/01 (561) 276-0656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)