

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90115 005 ***150.00

DOCUMENT # P95000060903

1. Entity Name
PALM TOWERS SOUTH, INC.

Principal Place of Business 1351 SAWGRASS CORPORATE PKWY SUNRISE FL 33323	Mailing Address 1351 SAWGRASS CORPORATE PKWY SUNRISE FL 33323-2613
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business AS ABOVE		3. Mailing Address AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0604209	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUDELMAN, JOSEPH
1351 SAWGRASS CORPORATE PKWY
SUNRISE FL 33313

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD	<input checked="" type="checkbox"/> Delete
NAME NUDELMAN, JOSEPH	
STREET ADDRESS 5355 TOWN CENTER RD SUITE 801	
CITY-ST-ZIP BOCA RATON FL 33486	
TITLE ST	<input checked="" type="checkbox"/> Delete
NAME NUDELMAN, NORMA	
STREET ADDRESS 5355 TOWN CENTER RD SUITE 801	
CITY-ST-ZIP BOCA RATON FL 33486	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUDELMAN JOSEPH	
STREET ADDRESS 1351 SAWGRASS CORP. PKWY.	
CITY-ST-ZIP SUNRISE FLORIDA 33313	
TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUDELMAN NORMA	
STREET ADDRESS 1351 SAWGRASS CORP. PKWY.	
CITY-ST-ZIP SUNRISE, FLORIDA 33313	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **NUDELMAN, JOSEPH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00 (934) 935-2212
Date Daytime Phone #

CR2E034 (9/99)