

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90040 034 ***150.00

DOCUMENT # P95000094221

1. Entity Name
BENEFITS DESIGN GROUP OF PALM BEACH, INC.

Principal Place of Business
**515 N. FLAGLER DR.
 SUITE 204
 WEST PALM BEACH FL 33401**

Mailing Address
**P.O. BOX 1237
 WEST PALM BEACH FL 33402-1237**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**222 Lakeview Ave
 Suite, Apt. #, etc. #1660**

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

City & State
**West Palm Beach, FL
 Zip 33401 Country USA**

City & State
 Zip Country

4. FEI Number **65-0630229**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAMS, DANIEL J
 C/O HICKS, BRAMS & SCHER, P.A.
 1645 PALM BEACH LAKES BLVD., STE. 1050
 WEST PALM BEACH FL 33401**

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, 2002 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 | P FLAH, RICHARD M 18577 S.E. HERITAGE OAKS LANE TEQUESTA FL 33469 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/26/02 (501) 655-1976
 Date Daytime Phone

CR2E034 (9/01)