

**03 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000082298

1. Entity Name

Archive America of Palm Beach, Inc.

03 JAN 15 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3455 NW 54th Street

Suite, Apt. #, etc.

3. Mailing Address  
3455 NW 54th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
593606634

Applied For  
Not Applicable

Zip  
33142

Country  
USA

Zip  
33142

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Robert Fischer

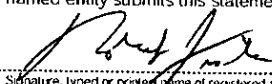
Street Address (P.O. Box Number is Not Acceptable)

3455 NW 54th Street

City Miami FL Zip Code 33142

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



Robert Fischer

1/08/03

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

D/P  
Andrew Blank  
3455 NW 54th Street, Miami, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S/T  
Robert Fischer  
3455 NW 54th Street, Miami, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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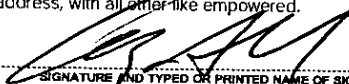
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

600010132126  
01/15/03--01064--006 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Andrew Blank

1/08/03

(305) 633-8587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR:200348 (12/01)

8/116