

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90119 041 \*\*\*150.00

**DOCUMENT # P94000010773**

1. Entity Name

**D R PALM BEACH, INC.**

Principal Place of Business

**1800 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33401**

Mailing Address

**1800 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33401-2002**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0467441**Applied For  
Not5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****WOOD, MICHAEL  
1800 PALM BEACH LAKES BLVD.  
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

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) ☐**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 type="checkbox"/> Delete
NAME	DELLA RATTA, JOSEPH M	
STREET ADDRESS	18385 S.E. VILLAGE CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33489	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELLA RATTA, JAMES J.	
STREET ADDRESS	7061 COPPERWOOD WAY	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELLA RATTA, J. RAPHAEL	
STREET ADDRESS	2257 NI VERNON ST	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELLA RATTA, JENNIFER	
STREET ADDRESS	715 SO. WASHINGTON STR., #12-A	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WOOD, MICHAEL	
STREET ADDRESS	1800 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	627 BRACKENWOOD COVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	3890 RT. 97	
CITY-ST-ZIP	GLENWOOD, MD. 21738	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	2257 N. VERNON STREET	
CITY-ST-ZIP	ARLINGTON, VA. 22207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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:****VICE PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

561-683-8810

Date

Daytime Phone #