

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90122 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

678435

1. Entity Name

SOLOMON IBN GABIROL CENTER, INC.

Principal Place of Business

9605 NW 79 AVE #16

HIALEAH GARDENS FL 33016

Mailing Address

9605 NW 79 AVE #16

HIALEAH GARDENS FL 33016

2. Principal Place of Business

1121 SOUTH MILITARY TRAIL

3. Mailing Address

1121 SOUTH MILITARY

Suite, Apt. #, etc.

SUITE 295

Suite, Apt. #, etc.

SUITE 295

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FEI Number

59-2013755

Applied For

Not Applicable

Zip

33441

Country

Zip

33441

Country

5. Certificate of Status Desired

\$8.75

Additional

Fee Required

6. Name and Address of Current Registered Agent

PALMER, GEORGE

9605 NW 79TH AVE # 16

HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name

GEORGE PALMER

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

849 SE 8TH AVENUE SUITE 3

City

DEERFIELD BEACH

FL

Zip Code

33441

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

George Palmer

GEORGE PALMER

4/10/2002

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 \$160.00

After MAY 1, 2000 Fee will be \$660.00

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 PSD
NAME PALMER, GEORGE
STREET ADDRESS 9605 NW 79TH AVE # 16
CITY - ST - ZIP HIALEAH GARDENS, FL 33016

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME GEORGE PALMER
STREET ADDRESS 849 SE 8TH AVENUE SUITE 3
CITY - ST - ZIP DEERFIELD BEACH, FL 33441

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change

Addition

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:

George Palmer

GEORGE PALMER

4/10/2002

954-425-4776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)