

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

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 004 ***150.00

DOCUMENT # 678435	
1. Entity Name	
SOLOMON IBN GABIROL CENTER, INC.	

DO NOT WRITE IN THIS SPACE

50002343

2. Principal Place of Business 1121 SOUTH MILITARY TRAIL Suite, Apt. #, etc. # 295		3. Mailing Address 1121 SOUTH MILITARY TRAIL Suite, Apt. #, etc. 295	
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BEACH, FL	
Zip 33442	Country USA	Zip 33442	Country USA

4. FEI Number 59-2013755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name GEORGE PALMER	
Street Address (P.O. Box Number is Not Acceptable) 849 SE 8TH AVE SUITE 3	
City DEERFIELD BEACH	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George Palmer President

1-10-05

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GEORGE PALMER 579 DURHAM U CENTURY VILLAGE EAS DEERFIELD BEACH, FL 33442
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Palmer GEORGE PALMER PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2005
Date

954-425-4776
Daytime Phone #