2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am Secretary of State **DOCUMENT # 753538** 1. Entity Name 01-30-2002 90138 002 ****61.25 PALM SOCIAL CLUB, INC. Principal Place of Business Mailing Address 7470-42ND AVE N. 7470-42ND AVE..N. RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2364539 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAVALLEY, JEANNE 7:144-42ND WAY RIVIERA BEACH FL 33404 City 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. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE (10/6) ☐ Delete TILE ☐ Addition LAVALLEY, SEANNE NAME LAVALLEY, JEANNE NAME 12 NO WAY #492 STREET ADDRESS 1444 42ND WAY #848 3R2E037 STREET ADDRESS CITY-ST-ZIP RIVERA BEACH FL 33404 CITY-ST-ZIP RIVIERA BEACH TITLE ☐ Defete TITLE Change MCGINN, MARY MCGINN NAME NAME STREET ADDRESS 4072 71ST RD.,#395 STREET ADDRESS CITY-ST-7/P RIVIERA BEACH FL 33404 CITY-ST-ZIP TITLE . Delete TITLE ENO. ALBERTO. | Ulturta NAME NAME 7451 42ND WAY LOT 486 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIMERA BCH FL CITY-ST-ZIP JUNEAU Mage BAddition 43 th Way \$578 a Brach F/ 33404 TITLE X Delete TITLE MCGINN, MARY NAME NAME STREET ADDRESS 4072 74TH ST., LOT 395 STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TIME NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

SIGNATURE:

561-848-7135

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