

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90262 001 \*\*\*\*61.25  
 05-14-2002 90262 002 \*\*\*\*8.75

**DOCUMENT # 769618**

1. Entity Name

**PALM BEACH PARK OF COMMERCE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8895 NORTH MILITARY TRAIL  
 SUITE 305-E  
 PALM BEACH GARDENS FL 33410  
 US

8895 NORTH MILITARY TRAIL  
 SUITE 305-E  
 PALM BEACH GARDENS FL 33410  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2209244**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**S & K PROPERTY MANAGEMENT INC.**  
**1717 N. BAYSHORE DRIVE**  
**#208**  
**MIAMI FL 33132**

Name  
**S & K Property Management, Inc.**

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

**150 Alhambra Circle**

**Suite 800**

City  
**Coral Gables**

**FL**

Zip Code  
**33134**

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.

**Lidia Cartaya, Vice President** 04/29/02

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WILLIAMS, JAMES	648 PALERMO AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
VD	VILLAR, ALINA	1717 N. BAYSHORE DRIVE	MIAMI FL 33132	<input type="checkbox"/>
STD	WILLIAMS, VIVIAN	648 PALERMO DRIVE	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		150 Alhambra Circle, Suite 800	Coral Gables, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Alina Villar*

**Alina Villar, VP 04/29/02 (305) 476-0955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)