

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90488 028 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

55040587



CHECK HERE IF MAKING CHANGES

DOCUMENT # 769618
 1. Entity Name
PALM BEACH PARK OF COMMERCE ASSOCIATION, INC.



Principal Place of Business Mailing Address
 8885 NORTH MILITARY TRAIL 8885 NORTH MILITARY TRAIL
 SUITE 300-E SUITE 300-E
 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410
 US US

2. Principal Place of Business 3. Mailing Address
14703 Park of Commerce Bld **P.O. Box 30249**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Jupiter, FL **Palm Bch Gardens, FL:** **59-2208244** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$6.75 Additional Fee Required
33478 **USA** **33420** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of Non Registered Agent

S & K PROPERTY MANAGEMENT INC.
150 ALHAMBRA CIR
STE 800
MIAMI FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent with title if applicable. (NOTE: Registered Agent signature required when missing) Date

FILE NOW: FEE IS \$81.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JAMES 648 PALERMO AVENUE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLAR, ALINA 150 ALHAMBRA CIRCLE, STE 800 MIAMI FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Monica Leon 150 Alhambra Circle, Ste. 800 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, WYAN 648 PALERMO DRIVE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: SIGNATURE REQUIRED 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Photo #

CR2037 (10/02)

attachment

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769618

Pls see change.
as made a typo.
I am sorry for the
inconvenience.
↓ Thank you