

# 2002 UNIFORM BUSINESS REPORT (UBR)

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AV

**DOCUMENT #** A94000001232

**1. Entity Name**  
PALM BEACH PARTNERS, LTD.

FILED

02 APR 29 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
~~211 ROYAL POINCIANA WAY, SUITE A~~  
~~PALM BEACH FL 33480~~

**Mailing Address**  
~~211 ROYAL POINCIANA WAY, SUITE A~~  
~~PALM BEACH FL 33480~~

**2. Principal Place of Business**  
970 North Congress Ave

**3. Mailing Address**  
970 North Congress Ave

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

**City & State**  
West Palm Beach FL

**4. FEI Number** 65-0520850

Applied For  
Not Applicable

**Zip** 33409 **Country** USA

**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**

**DUDE, HARALD**  
~~211 ROYAL POINCIANA WAY, SUITE A~~  
~~PALM BEACH FL 33480~~

**Name**  
970 North Congress Ave

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

**City** West Palm Beach **FL** **Zip Code** 33409

**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]* HARALD DUDE 4/18/2002

Signature, typed or printed name of registered agent and title if applicable. DATE

**9. Capital Contributions as Shown on record.** \$950.00

**10. Amount of Capital Contributions in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

**DOCUMENT #** L26853  
**NAME** FIRST NATIONWIDE DEVELOPMENT CORPORATION  
**STREET ADDRESS** 211 ROYAL POINCIANA WAY, SUITE A  
**CITY-ST-ZIP** PALM BEACH FL 33480

**STREET ADDRESS** 970 NORTH CONGRESS AVE

**CITY-ST-ZIP** WEST PALM BEACH, FL 33409

**DOCUMENT #**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**

**CITY-ST-ZIP**

**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** *[Signature]* HARALD DUDE, PRES 4/18/2002 (50) 712-4622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)