

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90025 015 \*\*\*150.00

**DOCUMENT # J40810**

1. Entity Name

**PALM BEACH TAMARIN, INC.**

Principal Place of Business

**C/O HUFFMAN  
 223 SUNSET AVE  
 PALM BEACH FL 33480  
 US**

Mailing Address

**C/O HUFFMAN  
 223 SUNSET AVE  
 PALM BEACH FL 33480  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2751997**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUFFMAN, KENT  
 223 SUNSET DR  
 PALM BCH FL 33480**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PSD**  
 STREET ADDRESS **STEINPICHLER, MICHAEL**  
 CITY-ST-ZIP **233 SUNSET AVE**  
**PALM BCH FL 33480**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

**KENT HUFFMAN**  
ATTORNEY AT LAW  
223 SUNSET AVENUE SUITE 260  
PALM BEACH, FLORIDA 33480

TELEPHONE (561) 833-5833  
TELECOPIER (561) 835-0855

2/1/02

Doc # J 40810

319236

Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: PALM BEACH TAMARIN, INC.

Dear Sirs:

Accompanying this letter you will find the 2002 UNIFORM BUSINESS REPORT of the above referenced corporation, and a check in the amount of \$150.00, payable to the Secretary of State to cover your fee for this filing.

Sincerely,



Kent Huffman

KH/mac