2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90126 002 ***150.00

DOCUMENT # J40810

1. Entity Name
PALM BEACH TAMARIN, INC.

Principal Place of Business	Mailing Address
~~C/O HUFFMAN~~ XXXXXXXXXXXXXXXXXXXXX	~~C/O HUFFMAN~~ XXXXXXXXXXXXXXXXXXXXX
~~223 SUNSET AVE~~ XXXXXXXXXXXXXXXXXXXXX	~~223 SUNSET AVE~~ XXXXXXXXXXXXXXXXXXXXX
~~PALM BEACH FL 33480~~	~~PALM BEACH FL 33480~~
~~US~~ XXXXXXXXXXXXXXXXXXXXX	~~US~~ XXXXXXXXXXXXXXXXXXXXX

2. Principal Place of Business	3. Mailing Address
c/o Huffman	c/o Huffman
Suite, Apt. #, etc. 350 Royal Palm Way #409	Suite, Apt. #, etc. 350 Royal Palm Way #409
City & State: Palm Beach, FL	City & State: Palm Beach, FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2751997 ☐ 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
~~HUFFMAN KENT~~ XXXXXXXXXXXX	Name: Huffman, Kent Esq.
~~223 SUNSET DR~~ XXXXXXXXXXXX	Street Address (P.O. Box Number is Not Acceptable): 350 Royal Palm Way
~~PALM BCH FL 33480~~ XXXXXXXXXXXX	Suite 409
XXXXXXXXXXXXXXXXXXXXX	City: Palm Beach FL Zip: 33480

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 [signature] [signature] 4/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PSD~~ / ~~STEINPICHLER, MICHAEL~~ / ~~233 SUNSET AVE~~ / ~~PALM BCH FL 33480~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD / STEINPICHLER, MICHAEL / c/o HUFFMAN 350 ROYAL PALM WAY #409 / PALM BEACH, FL 33480 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP / KENT HUFFMAN / 350 ROYAL PALM WAY, #409 / PALM BEACH, FL 33480 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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] V/P 4/29/03 (561) 833-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #