2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 19, 2002 8:00 am Secretary of State 05-12-2002 90596 027 ****50.00

DOCUMENT # L0100000461

PALM BEACH CAPITAL ASSOCIATES, LLC

				J						
	Place of Business	Mailing Address			- 1					
1601 BELVEDERE ROAD, SUITE 407		1601 BELVEDERE RO WEST PALM BEACH	601 BELVEDERE ROAD. SUITE 407 VEST PALM BEACH FL 33406							
2. Principal	al Place of Business	3. Mailing Address	Mailing Address		- 1					
Suite, Apt	A. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City & State			4. FEI N				Applied For	
Zip	Country	Zip	Coun	ntry	I	ificate of Status Desired	П \$	\$5.00 A	Not Applicat Additional	ole
	6. Name and Address of Curr	rrent Registered Agent		Τ		e and Address of New Re		Fee Requi	ired	'
				Name		/ AND MUNICIPA OF FIGH INC.	Alstered A	gent		'
160	APES, PAÜL 101 BELVEDERE ROAD, SUITE 4 EST PALM BEACH FL 33406	407			iss (P.O. Box N	ss (P.O. Box Number is Not Acceptable)				
			· /	City			FL	Zip Co	ode	
8. The above	e named entity submits this statemen	ant for the purpose of changing	g its registerr	ed office or regir	stered agent, c	or both, in the State of Flori	ida —			-
SIGNATURE	-				-	The second secon	Ja			1
	Signature, typed or printed name of registered ag	agent and title if applicable.	(NOTE: Registerer	ed Agent signature requi	ulred when reinstatin	na)	DATE			- 1
		FILE	E NOW!!! F	FEE IS \$50.00	00	,	DA.E			\dashv
	•	Make Check	k Payable to Due By May	o Department	i of State					
9.	MANAGING MEM	MBERS/MANAGERS	10.			ADDITIONS/CH	HANGES			\dashv
TITLE NAME	MGRM Meyer, Arthur I	☐ Delete	TITLE		,			☐ Change	. ☐ Addition	7
STREET ADDRESS CITY-ST-ZIP	MEYEH, ARTHUR I 1601 BELVEDERE ROAD, SUI WEST PALM BEACH FL 3340	JITE 407 106	NAME STREET CITY-S	ET ADDRESS				ي دسي.	[_] Power	- [
TITLE NAME STREET ADDRESS	· ·	☐ Delete	TITLE NAME STREET	I			С	Change	☐ Addition	ın
CITY-ST-ZIP			CITY-SI							
TITLE HAME STREET ADDRESS		☐ Delete	TITLE NAME	T ADDRESS				Change	Addition	1
ITY-ST-ZIP			CITY-ST		•					1
ITLE Ame		☐ Delete	TITLE				—— <u>—</u>	Change	☐ Addillan	4
TREET ADORESS ITY-ST-ZIP		·	NAME Street a City-St-	T ADDRESS ST-ZIP			_	Ullange	<u> □ Misiras</u>	
TLE NME PREET ADDRESS IY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-					Change	☐ Addition	
LE ME REET ADORESS		☐ Delete	TITLE NAME					Change	☐ Addition	
Y-ST-ZIP I hereby certificated on	rtify that the information supplied with n this report is true and accurate and lity company or the receiver or truster	th this filing does not qualify to d that my signature shall have	STREET AD CITY-ST- for the exempti e the same leg	otion stated in Sec	ection 119.07(3)	I)(i), Florida Statutes. I furth	ner certify thember or	nat the inf	formation	