

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02351

1. Entity Name

PALM BEACH INVESTMENTS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90040 045 ***150.00

Principal Place of Business

% ROBERT W. SLATER
253 OLEANDER AVENUE
PALM BEACH FL 33480

Mailing Address

% ROBERT W. SLATER
253 OLEANDER AVENUE
PALM BEACH FL 33480-3863

2. Principal Place of Business

214 BRAZILIAN AVE

3. Mailing Address

214 BRAZILIAN AVE.

Suite, Apt. #, etc.

221

Suite, Apt. #, etc.

221

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

4. FEI Number

65-0141436

Applied For

Not Applicable

Zip

33480

Country

PALM BEACH

Zip

33480

Country

PALM BEACH

-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

SLATER, ROBERT W.
214 BRAZILIAN AVENUE, SUITE 221
PALM BEACH 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, 2000 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 D
STREET ADDRESS SLATER, ROBERT W.
CITY-ST-ZIP 253 OLEANDER AVENUE
NEW ADDRESS
PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 214 BRAZILIAN AVE #221
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2000

561 655-7693

CR2E034 (9/99)