

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90112 026 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # L10189**

1. Entity Name  
**ARISTON OF PALM BEACH, INC.**



Principal Place of Business  
~~C/O MENDOZA AND CALLAS~~  
12765 FOREST HILL BOULEVARD, SUITE 1302  
WELLINGTON FL 33414  
US

Mailing Address  
~~C/O MENDOZA AND CALLAS~~  
12765 FOREST HILL BOULEVARD, SUITE 1302  
WELLINGTON FL 33414  
US



2. Principal Place of Business  
12765 Forest Hill Boulevard  
Suite, Apt. #, etc.  
Suite 1302

3. Mailing Address  
12765 Forest Hill Boulevard  
Suite, Apt. #, etc.  
Suite 1302

CHECK HERE IF MAKING CHANGES

City & State  
Wellington, Florida

City & State  
Wellington, Florida

Zip Country  
33414 US

Zip Country  
33414 US

4. FEI Number **65-0194790**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

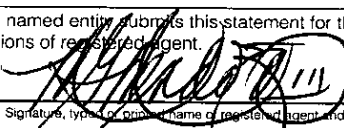
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DE MENDOZA, MARIO G III ESQ**  
**MENDOZA AND CALLAS**  
**251 ROYAL PALM WAY, SUITE 602**  
**PALM BEACH FL 33480**

Name  
**Mario G. de Mendoza, III, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12765 Forest Hill Boulevard, Suite 1302**  
City  
**Wellington, FL** Zip Code  
**33414**

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  **Mario G. de Mendoza, III, President** 01/15/03

Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

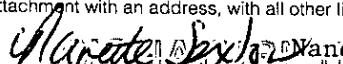
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEXTON, NANETTE C 2615 ROYAL PALM WAY, SUITE 602 WELLINGTON FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE MENDOZA, MARIO G III 251 ROYAL PALM WAY, SUITE 602 PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Sexton, Nanette C 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS de Mendoza, III, Mario G. 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Nanette Sexton, President** 01/15/03 (561) 784-2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR