

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0000949 AV

DOCUMENT # L91895

1. Entity Name

ECIB PALM BEACH, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 PM 12:26

Principal Place of Business

313 1/2 WORTH AVENUE
PALM BEACH FL 33480

Mailing Address

5 EAST 34TH STREET
SUITE 1265
NEW YORK NY 10022

2. Principal Place of Business

3. Mailing Address

551 MADISON AVENUE
SUITE 1601
NEW YORK, NY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0226796

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

LENHOFF, JAY
4350 HILLCREST BLVD.
BLDG. 22, UNIT 510
HOLLYWOOD FL 33121

Name
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
Street Address (P.O. Box Number is Not Acceptable)
1045 MERRITT DRIVE
TALLAHASSEE FL 32301

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

Robert J. Hill, Pres
(NOTE: Registered Agent signature required when reinstating)

4/8/03
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
RUGGERI, ROBERTO
551 MADISON AVE, STE 1601
NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000016128520
04/17/03--01006--009 **150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

408-193-3770

Date

Daytime Phone #

CR2E034 (10/02)