

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007327**

1. Entity Name

PALM BEACH PROFESSIONAL CENTER, L.L.C.

FILED

01 JAN 26 AM 10:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3141 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463**

Mailing Address
**3141 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0958683

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name **DAVID B. HOPKINS**

Street Address (P.O. Box Number is Not Acceptable)

396 D Golfview Road

City **North Palm Beach** FL Zip Code **33408**

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

D B Hopkins

1/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOPKINS, DAVID B
1141 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100003617331-7
-01/31/01--01033--001
*****55.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOPKINS, JANE F
1141 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463** ☐ Delete

TITLE
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CITY-ST-ZIP
*******55.00** ☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **D B Hopkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/01 561-642-5080

Date

Daytime Phone #

CR2E083 (11/00)