

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90946 029 ***150.00

DOCUMENT # M70396

1. Entity Name

BUZAN CENTRES of PALM BEACH INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

The Gentry Building

Suite, Apt. #, etc.

Suite 108 - 860 US One

City & State

NPB

FL

Zip

33408

Country

USA

3. Mailing Address

The Gentry Building

Suite, Apt. #, etc.

Suite 108 - 860 US One

City & State

NPB

FL

Zip

33408

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

69-0027614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HILLEY, V. DONALD

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

Suite 108 - 860 US 1

City

NPB

FL

Zip Code

33408

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
	DD NORTH, Vanda	223 ATLANTIC AVE	PB FL 33480
	BUZAN, TONY	HARLEYFORD ESTATE	MARLOW, BUCKS, SL72DX UK
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 April 2003

Date

Daytime Phone #

561 851-0188

CR2E034B (12/02)