FILED

2002 UNIFORM BUSINESS REPORT (UBR

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1. Entity Nar			•		. •								
DAB OF	THE PAL	LM BEACHES, INC.		**				04-23-	2002 904	15 002 ***	'150	.00	
Principal Plac	ce of Busines	ss	Mailing Address										
	WOOD CIRCL	.E	6023 BANIA WOOD CIR	CLE									
Lantana Fl Us	L 33462		Lantana FL 33462 Us										
2. Principal f	Dings of Dunis						į						
500	Mo. Ca	ourst Ry Club	3. Mailing Address	FRY	Clish		1130	1 00 11 111 1 506 1 6 1111		01814 BEBSI BIBIT		817 BIBIT 1981	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	y	<u></u>			DO NO	WRITE IN 1	THIS SPACE			
	te 415		City & State At Law + 15			4.	FEI Numb	er 65-005	5066		+	lied For Applicable]
3346	2	Country US	774/22	Coun		5.	Certificate	e of Status Des	ired	\$8.75 Fee Req			
JJTW	6. Name	and Address of Current F	Registered Agent			· 7.	Name and	d Address of I	lew Registe		uirea		-
ANC DA	MD D	•			Name	DAVID	D.	Nye	<u>-</u>	<u> </u>			
NYE, DAVID D. 6023 BANIA WOOD CIRCLE					=Street-A	ddress (P.O.:	Box-Numb	er-is-Not Acce	ptable)—	DA			-
	A FL 33462	OINOLL				DD MA	عري , ر	witry	LLUE) UK_			1
					City 4	HLAUH	1/3			FL Z	ode 2 44	62	-
8. The above	named entity	y submits this statement for	the purpose of changing its	registere	ed office or	registered a	gent, or bo	oth, in the State	of Florida.			<i>V</i> ~	1
SIGNATURE	Davia	D. Hye - F	Precident	F 1	را مره	1	2		44	1-1-			
•	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOT	E: Registered	Agent signatu	re required when	reinstating)		7	(5/0 <u>2</u>			
Tax filing i	Signature, typed oration is eligi	or printed name of registered agent an ible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 20	!!! FEE 02 Fee	IS \$150.0 will be \$5	00 50.00	10. El	ection Campai ust Fund Contr	, .	ATE /	5.00	May Be o Fees	
Tax filing i	Signature, typed oration is eligi requirement a	or printed name of registered agent ar ible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 20 Make Check Payal	!!! FEE 02 Fee	IS \$150.0 will be \$5	00 50.00 of State	10. Ele	ust Fund Contr	ibution.	\$1 \$1 Ac	5.00 Ided to	o Fees	
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Tax filing (See criter	Signature, typed praction is eliginated aria on back) V NYE, D. [or printed name & registered agent and ible to satisfy its Intangible and elects to do so. OFFICERS AND D	FILE NOW After May 1, 20 Make Check Payal	!!! FEE 02 Fee to ble to De 12.	IS \$150.0 will be \$5 partment	50.00 50.00 of State	10. Ele	ust Fund Contr	bution. OFFICERS	AND DIRECT	5.00 Ided to ORS I	o Fees	74 (9/01)
Tax filing (See criter 11. TITLE NAME	Signature, typed praction is eliginated aria on back) V NYE, D. [or printed name & registered agent and ible to satisfy its Intangible and elects to do so. OFFICERS AND DO SIA WOOD CIRCLE	FILE NOW After May 1, 20 Make Check Payal	!!! FEE 102 Fee to De 12. TITLE NAME STREE	IS \$150.0 will be \$5 partment	OO 50.00 c of State PRES DAVIE 5001	10. ENTR	CHANGES TO	OFFICERS	AND DIRECT	5.00 Ided to ORS I	N 11 Addition	2E034 (9/01)
Tax filing (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed praction is eligi requirement a ria on back) V NYE, D. [6023 BAN	or printed name & registered agent and ible to satisfy its Intangible and elects to do so. OFFICERS AND DO SIA WOOD CIRCLE	FILE NOW After May 1, 20 Make Check Payal	III FEE 102 Fee to De 12. TITLE NAME STREE CITY-	IS \$150.0 will be \$5 partment ET ADDRESS ST-ZIP	OO 50.00 c of State PRES DAVIE 5001	10. ENTR	ust Fund Contr	OFFICERS	AND DIRECT	5.00 Ided to ORS I	N 11 Addition	CR2E034 (9/01)
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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.

CITY-ST-ZIP

SIGNATURE: LIQUICITY EQUAVIO D. NYE

CITY-ST-ZIP

4/5/02 (Sul) 965-455.