

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N27213**

1. Entity Name

SILVER PALM PROFESSIONAL BUILDING CONDOMINIUM AS**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90026 028 ****61.25

Principal Place of Business 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901	Mailing Address 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901
2. Principal Place of Business 1825 Riverview Drive Suite, Apt. #, etc.	3. Mailing Address 1825 Riverview Drive Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Melbourne, FL	City & State Melbourne, FL	4. FEI Number 59-1752730	Applied For <input type="checkbox"/> Not Applicable
Zip 32901	Country USA	Zip 32901	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent KOSTRO, VICTOR 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1825 Riverview Drive City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)