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Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 16, 2001 8:00 am DOCUMENT # N9600004639 **Secretary of State** 03-16-2001 90032 040 \*\*\*\*61.25 BAILLIAGE DE WEST PALM BEACH, INC. TA confrerie DelA Chaine Des Principal Place of Business Mailing Address 585 MASTERS WAY 585 MASTERS WAY PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE See Attacheb Letter Applied For City & State City & State 4. FEI Number Not Applicable Zin Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAGRECA, RICHARD 585 MASTERS WAY PALM BEACH GARDENS FL 33418 City Zip Code 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution, Department of State Added to Fees **FEE IS \$61,25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition TIT! F ☐ Delete TITLE Change LAGRECA, IRIS NAME NAME STREET ADDRESS STREET ADDRESS **585 MASTERS WAY** CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL 33418 Change ☐ Addition TITLE Delete TITLE RUSSELL, GARTH NAME NAME STREET ADDRESS STREET ADDRESS 99 WOODMUIR STREET CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL 33418 Delete TITLE TITLE Change ☐ Addition NAME SHARBOUGH, JAY NAMÉ STREET ADDRESS STREET ADDRESS 109 COVENTRY PLACE CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL ☐ Addition TITLE ☐ Delete TITI F Change VLASICH, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 400 AVE OF CHAMPIONS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

Attachment-1196000004639

## Jalamini & Feinberg, P.C.

Certified Public Accountants 1311 Spruce Street Philadelphia, Pennsylvania 19107 Tel: 215•546•4622 Fax: 215•546•4626

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George Talamini, CPA, MBA, PFS Ava Feinberg Saluck, CPA

February 2, 2001

Internal Revenue Service Atlanta, GA 39901 Attention: Entity

Dear Gentlemen:

Thank you for the enclosed letter. It appears that two identification numbers have been issued for the same company. All tax returns for this company are being filed on a timely basis under account number 65-0690873. We are requesting that account number 65-0759508 be deleted from your system at your earliest possible convenience. I believe this will resolve any future problems with reference to this company.

Thanking you in advance for your assistance with this matter.

Very truly yours,

Ava Feinberg Saluck CPA