4/4/

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Mailro Address Mailro	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000005587					FILED Apr 25, 2001 8:00 am Secretary of State	
Sets SEA RESCUIT FO PAUM ERCH CARCERS R. 36HB Sets SEA RESCUIT RO PAUM ERCH CARCERS R. 36HB Sets SEA RESCUIT RO PAUM ERCH CARCERS R. 36HB CAVALIER, LOURDES C Sets A RESCUIT RO PAUM BEACH CARCERS R. 36HB CAV FEL To above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 9. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Foods. 9. The above named entity submits this statement for the purpose of changing its registered Agent, or both in the State of Foods. 9. The above named entity submits this statement for the purpose of the foods. 9. The above named entity submits this statement for the purpose of the foods of t	1	•					
PALLE BEACH CARDENS R. 39418 2. Principal Place of Business Salles, Apt. 4, etc. Saro, Apt. 4, etc. Saro, Apt. 4, etc. City & State City & State Country Zp Country Zp Country Zp Country S. Cervication of Status District Sa. 75 Additional Fee Regulated 4. REI Number Anomari Fee Anomari Fee Regulated T. Name and Address of New Registered Agent East SEA BSCULT RO PALIE BEACH GARDENS R. 33418 City FL Zp Code Anthress (P.D. Box Number is Not Accopation) City FL Zp Code Anthress (P.D. Box Number is Not Accopation) Anthress (P.D. Box Number is Not Accopation of Points. Science (P.D. Box Number is Not Accopation) Anthress (P.D. Box Number is Not Accopation of Points. Anthress (P.D. Box Number is Not Accopation of Points. Anthress (P.D. Box Number is Not Accopation of Points. Anthress (P.D. Box Number is Not Accopation of Points. Anthress (P.D. Box Number is Not Accopation of Points. Anthress (P.D. Box Number is Not Accopation	Principal Pla	ace of Business	Mailing Address				
Satio. Apt. 4, etc. Suito. Apt. 4, etc. Suito. Apt. 4, etc. Suito. Apt. 4, etc.							
Cry & State Chy &	Principal Place of Business 3. Mailing Address			· · · · · · · · · · · · · · · · · · ·			
Zp Country Zp Country Zp Country S. Centricate of Status Desired \$6.75 Additional For Requisite of Agent For Requisite For Requisite of Agent For Requi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE	
S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Name Registered Agent 7. Name Name Registered Agent 7. Name Agent 7. Name Name Registered Name Regi	City & State		City & State		4.		
CAVALIER, COLIDES C Sets SEA'S	Zip	Country	Zip	Country	5.	Cartificate of Status Dasired \$8.75 Additional	
Street Address IP.O. Box Number Is Not Acceptable). Street Address IP.O. Box Number Is Not Acceptable). Street Address IP.O. Box Number Is Not Acceptable). City FL Zip Code 9. 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 Signame, topic of primor same of regimes depart and the 4 depotable. OFFIC Inspirater Agent suprimor states are suprimor states are suprimor states are registered agent, or both, in the State of Florida. SIGNATURE Signame, topic of primor same of regimes depart and the 4 depotable. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in the State of Florida. OFFIC Inspirater Agent suprimor states are registered agent, or both, in		6. Name and Address of Current R	egistered Agent	Ala	7.		
PALM BEACH GARDENS FL 33418 Cay FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE STORMATURE	CAV	/ALIER, LOURDES C	فيدعونه فقاعوا مستندان				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordda. SIGNATURE Syndram, node or orind name of legistered agent and file it spokedar. PATE Registered agent, or both, in the State of Fordda. SIGNATURE Syndram, node or orind name of legistered agent and file it spokedar. PATE Registered agent, or both, in the State of Fordda. PATE Registered agent, or both, in the State of Fordda. SIGNATURE Syndram, node or orind name of legistered agent and file it spokedar. PATE Registered agent, or both, in the State of Fordda. PATE Registered agent, or both, in the State of Fordda. PATE Registered agent, or both, in the State of Fordda. SIGNATURE SIGNAT	546	3-SEA-BISCUIT'RD		Street Add	ress (P.O.	Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Suprama noted of orbits favored agent and the illustration agent age	PAL	M BEAUH GARDENS FL 33418			•		
SIGNATURE Signature typed or primer among implainment agent and tits a spokedule. PATE Requirement Agent signature residued when retentating) DATE				City		FL Zip Code	
TITLE D CAVALIER, LOURDES C SASS SEA BISCUIT RD SIREF ADDRESS COTY-ST-ZP STREET ADDRESS COTY-ST-	9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) NOTE:			!! FEE IS \$150.00 01 Fee will be \$550 le to Department o	.00 State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
MAME Change Addition CS	TITLE NAME STREET ADDRESS	D CAVALIER, LOURDES C 5463 SEA BISCUIT RD	☐ Delate	TITLE NAME STREET ADDRESS	AC		
NAME SIRET ADDRESS OTTY-ST-ZIP Delete ITILE NAME SIRET ADDRESS OTTY-ST-ZIP TITLE NAME SIRET ADDRESS OTTY-	NAME STREET ADDRESS			NAME STREET ADDRESS	-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition STREET ADDRESS CITY-ST-ZIP TO Change Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-	NAME STREET ADDRESS		☐ Deleta	NAME _street address	-	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE: C. Cawallin Addition A	NAME Street address		C.J Delete	NAME STREET ADORESS	. ,	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE: SIGNATURE: O. Cavalus O. Cavalus O. Cavalus	NAME Street address		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Cavalus C. Cavalus . 4-1-01	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
SQUARTURE AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DEFECTOR DEG	changed,	or on an attachment with an address, with URE: Our less @	all other like empowered.	C Clapter	Section 1 the same I 607, Florid	oa Statutes; and that my name appears in Block 11 or Block 12 if	