FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PDDD0006405 03 JAN 31 PM 4:52 MAAB OF PALM BEACH, INC. DO NOT WRITE IN THIS SPACE 200012702532 02/18/03--01053--008 \*\*300.00 2. Principal Place of Business 6758 N. M. Litary Tra. 6758 N. M. Litary Trad Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE # 200 City & State West City & State 4. FEI Number 098 4900 Applied For Palm Beach FL Palm B-each wes+ Not Applicable Zio Country Country \$8.75 Additional 33407 5. Certificate of Status Desired 33407 υS Fee Required 27.: Name and Address of Current Registered Agent ----MAUREEN AMANN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 6758 N · M · I · Fary Tra . ( IN THIS SPACE Zip Code 3346) West Beach 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, type INDIE Registeres Agent signature required when impatating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Libation Campnigh financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE TITLE CR2E034B (12/02 MAUREEN AMANN NAME 6758 N. M. litary Trail NAME STREET ADDRESS STREET ADDRESS Palm Beach Fr 33467 CITY-ST-ZIP City-St-Zip nne ALAN BIAS 6758 N.M.l. tary Trail NAME STREET ADDRESS STREET ADDRESS Palm BEACH FL 33467 CITY-ST-ZIP CITY-ST-7IP THE me NAME MAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP THLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 2IP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS GUY ST 792 CHY-ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Socilon 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 instead or detection or the receiver or trustee ennowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or on or other properties. attachment with an address, with all SIGNATURE: D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day, see Program



## 3300 PGA Blvd. | Suite 990 | Palm Beach Gardens FL 33410 Tel: 561.799.3810 | Fax: 561.799.1818 | www.gtax.com

January 27, 2003

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: MAAB OF PALM BEACH, INC. Document Number P00000006405

Dear Sir or Madam:

Enclosed please find a completed Uniform Business Report (UBR) for my above referenced client. Be advised that it has just come to our attention that they never filed for last year. After a brief investigation as to why, it was determined with help of your office that the address was incorrect.

Also enclosed is a check in the amount of \$300.00 to cover the cost of filing for last year and this year.

Please process this at your earliest convenience.

If you have any questions, please do not hesitate to contact either my client or myself.

Sincerely,

B. Fischer

Accountant

THE STREET OF TH

- 74 GT HER TO A COLOR STATE OF THE STATE