

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90188 045 ***150.00

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1. Entity Name
PALM BEACH PACIFIC, INC.



Principal Place of Business
**1275 NE 120TH STREET
OKEECHOBEE FL 34972**

Mailing Address
**P.O BOX 16545
WEST PALM BEACH FL 33416**



2. Principal Place of Business

3. Mailing Address
1275 NE 120th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Okeechobee FL

4. FEI Number **65-0988069**

Applied For
 Not Applicable

Zip Country

Zip Country
34972 U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERO, ARMANDO W
1275 NE 120TH STREET
OKEECHOBEE FL 34972**

Name
Street/Address (P.O.=Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Armando W Rivero* **President**

4/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **RIVERO, ARMANDO W**
STREET ADDRESS **1275 NE 120TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** Delete
NAME **RIVERO, MARIRIM G**
STREET ADDRESS **1275 NE 120TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Armando W Rivero **President**

4/20/03

(561) 719-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)