

To: SARA

From: Spiegel &amp; Utrera

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90273 006 \*\*\*150.00

**DOCUMENT #****1. Entity Name**P000000026727  
Palm Distributors International, Inc**Principal Place of Business****Mailing Address**1160 NE 176<sup>th</sup> St  
North Miami Beach, FL 33162

C0053545

**2. Principal Place of Business****3. Mailing Address**

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State****City & State****4. FEI Number**

650993068

**Applied For****Not Applicable****Zip****Country****Zip****Country****5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**Helene Levy  
1160 NE 176<sup>th</sup> St  
North Miami Beach FL 33162**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.****SIGNATURE**

Helene Levy

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4-18-01

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)**☒

**FILE NOW!!! FEE IS \$150.00**  
**AFTER MAY 1, 2000 Fee will be \$500.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00 May Be  
Added to Fees****11. PRESIDENT OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

Helene Levy  
1160 NE 176<sup>th</sup> St  
North Miami Beach, FL

☐ Delete ☐ Change ☐ Addition

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**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Helene L. Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date****Daytime Phone #**

4-18-01 305-770-0176