

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 19, 2001 8:00 am
Secretary of State

02-02-2001 90268 024 ***150.00
 06-19-2001 90005 050 ***150.00

DOCUMENT # P00000045057

1. Entity Name
 NORTH PALM ESTATES, INC.

Principal Place of Business Mailing Address
 7901 WEST 25 AVENUE BAYS 3 AND 4 7901 WEST 25 AVENUE BAYS 3 AND 4
 HIALEAH FL 33016 HIALEAH FL 33016

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-1044183 Applied For Not Applicable

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

RAFULS RICHARD
 7901 - W 25 Ave B-3
 HIA FLA. 33016

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
 NAME RAFULS, RICHARD
 STREET ADDRESS 7901 WEST 25 AVENUE BAYS 3 AND 4
 CITY-ST-ZIP HIALEAH FL 33016

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DVS
 NAME MARRERO, HECTOR
 STREET ADDRESS 7901 WEST 25 AVENUE BAYS 3 AND 4
 CITY-ST-ZIP HIALEAH FL 33016

TITLE
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 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)(l), 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 or without other like empowered.

SIGNATURE: Signature and typed or printed name of signing officer or director

01-12-01 305-883-8881

Date

Daytime Phone #

CR2E034 (10/00)