

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90043 027 \*\*\*150.00

DOCUMENT # P00000056935

1. Entity Name

PALEN & HOCHBERG, PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

~~4400 PGA BOULEVARD #800~~  
~~PALM BEACH GARDENS FL 33410~~

~~4400 PGA BOULEVARD #800~~  
~~PALM BEACH GARDENS FL 33410~~

2. Principal Place of Business

606 N. OLIVE AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

4. FEI Number

65-1009185

Applied For

Not Applicable

Zip

33401

Country

USA

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

PALEN, FRANK S

~~4400 PGA BOULEVARD~~

SUITE 800

~~PALM BEACH GARDENS FL 33410~~

Name

Street Address (P.O. Box Number is Not Acceptable)

606 N. OLIVE AVE

City

WEST PALM BEACH

FL

Zip Code

33401

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	D	<input type="checkbox"/> Delete
NAME	PALEN, FRANK S	
STREET ADDRESS	<del>4400 PGA BOULEVARD #800</del>	
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL 33410</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCHBERG, ROBERT N	
STREET ADDRESS	<del>4400 PGA BOULEVARD #800</del>	
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL 33410</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	606 N. OLIVE AVE	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	606 N. OLIVE AVE	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank S. Palen

FRANK S. PALEN

2/1/01

561-832-6266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR/VP

Date

Daytime Phone #

CR2E034 (10/00)