

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90138 028 ***150.00

DOCUMENT # P0000115361

1. Entity Name
REALTY INVESTMENTS OF THE PALM BEACHES, INC.

Principal Place of Business P. O. BOX 21552 W. PALM BCH FL 33416	Mailing Address P. O. BOX 21552 W. PALM BCH FL 33416
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-1064784	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GAY, DOROTHY
41 HEATHER COVE DR.
BOYNTON BCH FL 33462

7. Name and Address of New Registered Agent
 Name: **GAY, DOROTHY** (Same)
 Street Address (P.O. Box Number is Not Acceptable): **41 Heather Cove Dr**
 City: **Boynton Beach** FL Zip Code: **33436**

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: **Dorothy Gay - Dorothy Gay** (NOTE: Registered Agent signature required when selecting)
 DATE: **4/21/01**

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, 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

TITLE	D <input type="checkbox"/> Delete
NAME	GAY, DOROTHY
STREET ADDRESS	P. O. BOX 21552
CITY-ST-ZIP	W. PALM BCH FL 33416
TITLE	GAY, DOROTHY <input type="checkbox"/> Delete
NAME	41 Heather Cove Drive
STREET ADDRESS	Boynton Beach
CITY-ST-ZIP	33436
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: **Dorothy Gay - Dorothy Gay** DATE: **4/21/01**

CR2E034 (10/00)