

DOCUMENT # P01000000512

1. Entry Name
PALM BEACH PROPERTIES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3600 BROADWAY AVE

3. Mailing Address
3600 BROADWAY

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33407

Country
USA

Zip
33407

Country
USA

54056840

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128398

Applied For:
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
KEITH MILLER

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

City
WEST PALM BEACH FL

Zip Code
33411

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 _____

Signature of person performing name or registration agent and seal (if applicable)

(NOTE: Registered Agent signature required when filing this report)

DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MILLER, KEITH 749 WHIPPOORWILL BLVD WEST PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	626 30TH ST. WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 19.07(3)(j), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Attachment

54056840

JAMES J. DONOVAN, C.P.A. P.A.
3830 JOG ROAD
LAKE WORTH, FL 33467
PHONE: (561) 641-9550 FAX: (561) 641-4781

MAY 21, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: PALM BEACH PROPERTIES, INC.
DOCUMENT #P01000000512

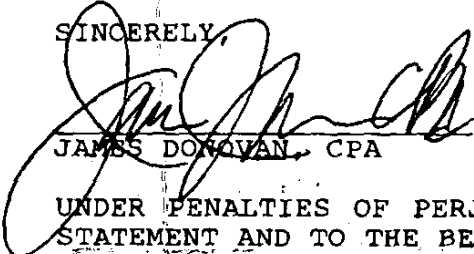
DEAR SIR/MADAM:

PLEASE BE ADVISED OF THE FOLLOWING FACTS AND CIRCUMSTANCES REGARDING THE LATE FILING OF THIS RETURN.

- 1). THE TAXPAYER DID NOT RECEIVE THE ANNUAL REPORT AND HAD NO KNOWLEDGE THAT AN ANNUAL REPORT WAS REQUIRED.
- 2). THEREFORE, WE BELIEVE REASONABLE CAUSE EXISTS FOR YOU WAIVING THE ASSESSED PENALTY.
- 3). WE HAVE ENCLOSED A CHECK IN THE AMOUNT OF \$150.00 FOR 2004.
- 4). IF YOU HAVE ANY QUESTIONS ON THE ABOVE, PLEASE FEEL FREE TO CONTACT OUR OFFICE.

THANK YOU FOR YOUR COOPERATION,

SINCERELY,


JAMES DONOVAN, CPA


KEITH MILLER

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.