APR 30 2002 13:02

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90096 046 ***150.00

DOCUMENT # P01000011521

1. Entity Name

PALM REAL ESTATE Investments Corp.

Principal Place of Business	Mailing Address
15995 SW 78 PLACE miami, FL 33157	SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8600 SW 67th Ave, Apt 945	8600 SW 67th Ave
Suite, Apt. #, etc.: 945	Suite, Apt. #, etc.: 945
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. FEI Number: 65-1088745 ☐ 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
ROLANDO ARISSO 15995 SW 78 PLACE miami, FL 33157	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 changing) 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 12/31/2001, Fee will be $250.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROLANDO ARISSO 15995 SW 78 PLACE MIAMI, FL 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SOE ARISSO 15995 SW 78 PLACE MIAMI, FL 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: _____

TOTAL P.02