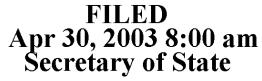
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000038370 DOCUMENT # 1. Entity Name ALATA PALM BEACH, INC.



04-30-2003 90056 021 ***150.00

Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 1C PALM BEACH FL 33480		Mailing Address 340 ROYAL POINCIANA WAY SUITE 1C PALM BEACH FL 33480			-			, 1			
2. Principal Place of Business			3. Mailing Address					# #0 00 0		18811 8811 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4		FEI Number 65-1096841		pplied For lot Applicable	
Zip	p Country		Zip Cour			ıntry		Certificate of Status Desired	\$8.75 Ac		
6. Name and Address of Current R			egistered Agent				71	Name and Address of New Registered	Agent-		
			Name								
HAFT, STUART J ESQ						Street Address (P.O. Box Number is Not Acceptable)					
C/O ALLEY MAASS ROGERS & LINDSAY PA											
321 ROYAL POINCIANA PLAZA						•					
PALM BEACH FL								F	Zip Cod	de	
	named entity submits this statement for ions of registered agent.	r the purp	oose of changing its re	gistere	ed office or	registere	ed ag	gent, or both, in the State of Florida. I an	familiar with	, and accept	

SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE: F	Registere	d Agent signatu	re required	when re	reinstating) DATE		_	
<u>د</u> د	U E NOWILL EEE IC 6150.00		<u> </u>								
5 FILE NOW!!! FEE IS \$150.00 a After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financing		00 мау Ве	
*	Repaire to Florida Department of	State						Trust Fund Contribution.	∐ Adde	d to Fees	
10.7	OFFICERS AND						AD	L DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11	
TITLE	P Delete		Delete	TITLE					Change	Addition	
NAME	MRUCZKOWSKI, LORRAINE	rraine		NAMÉ							
STREET ADDRESS	161 LAKE ARBOR DRIVE			STREET ADDRESS						ľ	
CITY-ST-ZIP	LAKE WORTH FL 33461			CITY-ST-							
TITLE	VP			TITLE					Change	Addition	
NAME	ARBARITO, JAMES			NAM							
STREET ADDRESS	7728 NANTUCKET CIRCLE				ET ADDRESS						
CITY-ST-ZIP	LAKE WORTH FL 33467			CITY-ST-ZIP			~ - •				
TITLE NAME	ST ASTRID, BAEGE		Delete Delete	TITLE NAMI	ŀ				MI Change	Addition	
STREET ADDRESS	280 VIA BELLARIA				ET ADDRESS	25	0 /	(NOT 280)			
CITY-ST-ZIP	PALM BEACH FL 33480				- ST - ZIP	72	- ((, 250)			
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAMI	E				_ •		
STREET ADDRESS					ET ADDRESS					*\	
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME etdeet adodees				NAME							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					}	
		_	Del-t-	_					Change	Addison	
TITLE Name			☐ Delete '	TITLE					☐ Change	Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4.27-03

561-655-5169