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Secretary of State
05-13-2002 90193 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082797

1. Entity Name
HEARING FOUNDATION of the PALM BEACHES, INC.

DO NOT WRITE IN THIS SPACE

90894

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2515 SUN COVE LANE		2515 SUN COVE LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NORTH PALM BEACH FL		City & State: NORTH PALM BEACH FL	
Zip: 33408	Country: USA	Zip: 33408	Country: USA

4. FEI Number: 65-1131207 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: AYMERIC BENET
Street Address (P.O. Box Number is Not Acceptable): 2515 SUN COVE LANE
City: NORTH PALM BEACH FL Zip Code: 33408

DO NOT WRITE IN THIS SPACE

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 ______ 4/23/02
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 ... (See criteria on back) ...

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

		12.	
TITLE: P NAME: AYMERIC BENET STREET ADDRESS: 2515 SUN COVE LANE CITY-ST-ZIP: NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: AYMERIC BENET 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #