

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90977 034 ***150.00

DOCUMENT # P01000082797

1. Entity Name
**HEARING FOUNDATION OF THE PALM BEACHES,
INC.**



Principal Place of Business Mailing Address
2515 SUN COVE LANE 2515 SUN COVE LANE
NORTH PALM BEACH, FL 33408 US NORTH PALM BEACH, FL 33408 US
33410 **33410**

11021817



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1131207		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip 33410	Country	Zip 33410	Country	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			
BENET, AYMERIC 2515 SUN COVE LANE NORTH PALM BEACH, FL 33408 33410				Name			
				Street Address (P.O. Box Number Is Not Acceptable)			
				City			
				FL Zip Code 33410			

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 _____ DATE **4/22/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting.)

FILE NOW WITH FEE \$150.00
After May 1, 2003 Fee will be \$650.00
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☒ Delete		TITLE		☒ Change ☐ Addition	
NAME	BENET, AYMERIC			NAME			
STREET ADDRESS	2515 SUN COVE LANE			STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			CITY-ST-ZIP	Zip Code = 33410		
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-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 another like empowered.

SIGNATURE _____ DATE **4/22/03**

CR2E034 (10/02)