

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90338 023 ***150.00

DOCUMENT # PO1000091041 LAX AM
1. Entity Name ~~DPLUMM OF THE PALM BEACHES, INC.~~

D.G.P.L.U.M.M. of The Palm Beach

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17962 ALEXANDER RUN Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-1139563		Applied For <input type="checkbox"/> Not Applicable	
City & State JUPITER, FLORIDA		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33478	Country PALM BEACH	Zip	Country				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **FRANK GARCIA**

Street Address (P.O. Box Number is Not Acceptable): **17962 ALEXANDER RUN**

City: **JUPITER** FL Zip Code: **33478**

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: *Frank Garcia, Pres.* DATE: *4-30-02*

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
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			
TITLE PRES.	NAME FRANK GARCIA	TITLE	NAME
STREET ADDRESS 17962 ALEXANDER RUN	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP JUPITER, FL. 33478	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE: *Frank Garcia, Pres.* DATE: *4-30-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B