FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 24 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103134

1. Entity Name

MLN of Palm Beach County, Inc.

400008315904--2
-10/10/02--01102--005
****550.00 ****550.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9556 Barletta Winds Point	9556 Barletta Winds Point
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, Florida	City & State: Delray Beach, Florida
Zip: 33446 Country: Palm Beach	Zip: 33446 Country: Palm Beach

4. FEI Number: 65-1147249 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alison J. Martin

Street Address (P.O. Box Number is Not Acceptable): 9556 Barletta Winds Point

City: Delray Beach **FL** Zip Code: 33446

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: Alison J. Martin
(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 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 $61.25
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	Director & President
NAME	Alison J. Martin
STREET ADDRESS	9556 Barletta Winds Point
CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	Director & Secretary/Treasurer
NAME	Ira Martin
STREET ADDRESS	9556 Barletta Winds Point
CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	
NAME	
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CITY-ST-ZIP	

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: _____ 10/01/02 561-988-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #