FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103134

1. Entity Name

MLN of Palm Beach County, Inc.

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

DO NOT WRITE IN THIS SPACE

400000831590 4--2
-10/10/02--01102--005
****550.00 ****550.00

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	TITLE	400000831590 4--2 -10/10/02--01102--005 ****500.00 ****500.00
NAME	Alison J. Martin	NAME	
STREET ADDRESS	9556 Barletta Winds Point	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33446	CITY-ST-ZIP	
TITLE	Director & Secretary/Treasurer	TITLE	10/22/02--01091--001 **50.00
NAME	Ira Martin	NAME	
STREET ADDRESS	9556 Barletta Winds Point	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33446	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #