

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90120 004 \*\*\*150.00

**DOCUMENT # P01000113651**

**1. Entity Name**  
**PALM BEACH BREWERY ASSOCIATES, INC.**



**Principal Place of Business**  
**301 YAMATO RD #3101**  
**BOCA RATON FL 33431**

**Mailing Address**  
**301 YAMATO RD #3101**  
**BOCA RATON FL 33431**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **30-0062520**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**MIRKIN, MARK H**  
**C/O MIRKIN & WOOLF, P.A.**  
**1700 PALM BEACH LAKES BLVD #580**  
**WEST PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

**Name** **Morris L. Stoltz II**

**Street Address (P.O. Box Number is Not Acceptable)**

**301 Yamato Rd Ste. 3101**

**City** **Boca Raton**

**FL**

**Zip Code** **33431**

**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** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/8/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>STOLTZ, MORRIS L II</b>	
<b>STREET ADDRESS</b>	<b>301 YAMATO RD #3101</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33431</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>STOLTZ, A ARCHIE II</b>	
<b>STREET ADDRESS</b>	<b>301 YAMATO RD #3101</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33431</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>JOHNSON, CHARLES E</b>	
<b>STREET ADDRESS</b>	<b>301 YAMATO RD #3101</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33431</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Morris L. Stoltz II</b>	
<b>STREET ADDRESS</b>	<b>301 Yamato Rd. Ste 3101</b>	
<b>CITY-ST-ZIP</b>	<b>Boca Raton, FL 33431</b>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>A. Archie Stoltz II</b>	
<b>STREET ADDRESS</b>	<b>301 Yamato Rd Ste 3101</b>	
<b>CITY-ST-ZIP</b>	<b>Boca Raton, FL 33431</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Ralph Reichenbaum</b>	
<b>STREET ADDRESS</b>	<b>301 Yamato Rd Ste 3101</b>	
<b>CITY-ST-ZIP</b>	<b>Boca Raton, FL 33431</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 all other like empowered.**

**SIGNATURE:** *[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/3/03 561-998-3311**  
**Date Daytime Phone #**

0398247 AV

CR2E034 (10/02)