

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

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

04-11-2003 90149 020 ***150.00

DOCUMENT # P02000027614

1. Entity Name

PALM BEACH GARDENS OFFICE ADVISORS,
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2255 GLADES ROAD

3. Mailing Address
2255 GLADES

Suite, Apt. #, etc.
SUITE 411-E

Suite, Apt. #, etc.
SUITE 411-E

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33431

Country
US

Zip
33431

Country
US

4. FEI Number 75-3022216

Applied For
Not Applicable

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

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10068181

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ~~GOTTSEGEN~~
GOTTSEGEN, STANLEY D

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

2255 GLADES ROAD, SUITE 411-E

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE D
NAME P/T GABRIEL EHRENSTEIN
STREET ADDRESS 6340 VIA TIERRA
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D
NAME V/S STANLEY D. GOTTSEGEN
STREET ADDRESS 2225 GLADES ROAD, SUITE 441-E
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriel Ehrenstein, President

Date

Daytime Phone #

CR2E034B (12/02)