

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90165 022 ***150.00

0424097 AV

DOCUMENT # P02000035124

1. Entity Name
B.A.B.S. OF THE PALM BEACHES, INC.



Principal Place of Business
**3924 SUMMER CHASE COURT
LAKE WORTH FL 33467**

Mailing Address
**3924 SUMMER CHASE COURT
LAKE WORTH FL 33467**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
03-0427919

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERKENFELD, BRANDON A
3924 SUMMER CHASE COURT
LAKE WORTH FL 33467**

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BERKENFELD, ARNOLD L	
STREET ADDRESS	3924 SUMMER CHASE COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERKENFELD, BRANDON A	
STREET ADDRESS	1014 KOKOMO KEY LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input type="checkbox"/> Delete
NAME	SILVERS, SHELBY C	
STREET ADDRESS	3924 SUMMER CHASE COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERKENFELD, BRIAN W	
STREET ADDRESS	3924 SUMMER CHASE COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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 full power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

908 9091

Day Daytime Phone #

CR2E034 (10/02)