

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90097 016 ***150.00

DOCUMENT # P02000065801

1. Entity Name
PAULMARIE DEVELOPMENT INC.



Principal Place of Business
2875 SPANISH RIVER DRIVE ROAD
BOCA RATON FL 33432

Mailing Address
2875 SPANISH RIVER DRIVE ROAD
BOCA RATON FL 33432

22004335



2. Principal Place of Business
2875 Spanish River Road
Suite, Apt. #, etc.

3. Mailing Address
2875 Spanish River Road
Suite, Apt. #, etc.
BOCA RATON,

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FLORIDA

City & State
BOCA RATON, FLORIDA

4. FEI Number
N/A

Applied For
Not Applicable

Zip
33432

Country
PAUM BEACH

Zip
33432

Country
PALM BEACH

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

D'AMBROSIO, GERALD J
199 BOCA RATON RD
SUITE 1A
BOCA RATON FL 33432

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PAOLINO, PAUL**
STREET ADDRESS **2875 SPANISH RIVER DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/S** ☐ Delete
NAME **ZACCARIA, MARIE**
STREET ADDRESS **2875 SPANISH RIVER DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: *Signature of Paulino, Paul* **1/15/03** **(561) 367-7672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)