FOR PROFIT COPPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -3 AH 9:21

1. Entity Name PALM BEACH FINANCIA	SECRETA TALLAHAS	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DO NOT WRITE	IN THIS SE	PACE			
2. Principal Place of Business 3317 BROADWAY AVE SAME Suite, Apt. *, etc. Suite, Apt. *, etc.			DO NOT WRITE IN THIS SPACE		ACE
City & State City & State City & State			4. FEI Number 55 - 080	4713	Applied For Not Applicable
Zip Country USA	Zip	Country USA	5. Certificate of Statu		8.75 Additional se Required
		Name A	IST PALM BEA	R LACCEDIABLE) Wen; SWITE!	^{Zip Code} 33 40 7
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of ingistered agent a	KETH F	egistered office or r - MULE Registered Agent signature	egistered agent, or both, in the Pres. required when reinstating)	e State of Florida. 3 ~ 28 DATE	-03
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May 1	y 1 Fee is \$150.0 I Fee is \$550.00 UBR is \$61,25 I to Department.	10. Election Control Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND TITLE PRES, DENT, U. PRES., T NAME NAME STREET ADDRESS 3317 BRO ADWAY AUT CITY-ST-2P WEST PRIM BEAT	ees, sec. e., stel	TITLE. NAME STREET ADDRESS CITY-ST-UP	9 0 91/03/	1001528 103-01041-0	C 7 C C C C C C C C C C C C C C C C C C
TITLE NAME STREET AODRESS CITY-SY-2IP		NAME STREET ADDRESS CITY: ST-ZIP			CR2E0
TITLE NAME STREET AOORESS CITY- ST-ZUP		NAME STREET ADDRESS CITY-ST- UP	DO N	IOT WRIT	E
TITLE NAME STREET ADDRESS CITY- ST-ZIP		TITLE NAME STREET ADJRESS CITY-ST-ZIP	IN TI	HIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-2IP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-2IP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empatiachment with an address, with all other like empatical control or the receiver or trustee.	true and accurate and that my wered to execute this report t	CONSTITO CHAIL BOW	tha cama logal alfact ac if me	and conder and building I am a	
SIGNATURE:	NTED NAME OF SIGNING OFFICER OR	KELT'A	MICCER, DAIL	3-28.03 Daysin	561-852-92 00

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