

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

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90186 040 ***150.00

DOCUMENT # P03000107884	
1. Entity Name PALM BAY INVESTMENT BUILDERS GROUP, INC.	

DO NOT WRITE IN THIS SPACE

24072411

2. Principal Place of Business 799 NE 72 ST	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL.	City & State	4. FEI Number 05-0586159	Applied For Not Applicable
Zip 33138	Country USA	Zip	Country
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HARRY TEMPKINS, ESQ**

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

SUITE 244

City **MIAMI BEACH** FL **33139** 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when transferring)

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 NAME STREET ADDRESS CITY-STATE-ZIP	D IRWIN M. SHAPIRO 799 NE 72 ST MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN M. SHAPIRO

5/2/04 305.772.5750

Date

Daytime Phone *

CR2E034B (12/02)