


FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90111 006 ***150.00

03-02-2001 90111 006 ***150.00

1. Entity Name
PALM AMERICAN PROPERTIES, INC.

Principal Place of Business 712 US HWY ONE NORTH PALM BEACH FL 33408		Mailing Address 712 US HWY ONE NORTH PALM BEACH FL 33408		 DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0435417 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COHEN, FRED C 712 US HWY ONE STE 400 NORTH PALM BEACH FL 33408				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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Delete</div></div> D SOLOMON, DAVID 79 OLD FOREST HILL RD TORONTO, ONTARIO M4R 1B6 CA				<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Delete</div></div>				<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Delete</div></div>				<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Delete</div></div>				<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Delete</div></div>				<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="width: 45%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David Solomon</u> David Solomon - Director & President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					