

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000045963**1. Entity Name  
PALM BEACH REPS INC.

## Principal Place of Business

149 N LAKESHORE DR

HYPOLUXO

33462

FL

US

## Mailing Address

149 N LAKESHORE DR

HYPOLUXO

33462

FL

US

## 2. Principal Place of Business

8576 DUCHESS COURT WEST

## 3. Mailing Address

8576 DUCHESS COURT WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

BOYNTON BEACH

FL

## City &amp; State

BOYNTON BEACH

FL

Zip  
33436Country  
USZip  
33436Country  
US

## 4. FEI Number

65-0423059

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FREEDMAN BRUCE H  
190 NE 199 STREET  
SUITE 204  
NO MIAMI BEACH  
33179 FL  
US

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ **04/25/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**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. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAPLAN LISA R	
STREET ADDRESS	149 N LAKESHORE DR	
CITY-ST-ZIP	HYPOLUXO FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLAN DAVID R	
STREET ADDRESS	8576 DUCHESS COURT WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: DAVID R. CAPLAN**

PD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)