FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED ATX1
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000059286

1. Entity Name

PALM SELF SERVICE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
740 ALTON ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State	
Zip 33139	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-0440206		Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
MIHAIL SHPILMAN

Street Address (P.O. Box Number is Not Acceptable)
740 ALTON ROAD

City
MIAMI BEACH FL Zip Code 33139

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 reinstating) 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	P/D
NAME	MIHAIL SHPILMAN
STREET ADDRESS	740 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	T/D
NAME	LIOUDMILA SHPILMAN
STREET ADDRESS	740 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	U00000381009
STREET ADDRESS	04/15/08-80085-002 150.00
CITY-ST-ZIP	

DO NOT WRITE 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 empowered.

SIGNATURE: M. Shpilman MIHAIL SHPILMAN 4/1/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #