

FILED  
May 12, 2003 8:00 am  
Secretary of State

04-21-2003 91212 014 \*\*\*150.00

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

<b>DOCUMENT # P93000069098</b>			
1. Entity Name <i>Pals of Tamarac, Inc.</i> ✓			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <i>7149 N. Pine Island Rd.</i>		3. Mailing Address <i>Same as 2.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tamarac, FL.</i>		City & State	
Zip <i>33321</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <i>65-0437886</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <i>Andrea Delgado</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>7149 N. Pine Island Rd.</i>			
City <i>Tamarac</i>		FL	Zip Code <i>33321</i>
<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ (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. <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>D. Delgado, Andrea 7149 N. Pine Island Rd. Tamarac, FL. 33321</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>P. Bello, Paul 7149 N. Pine Island Rd. Tamarac, FL. 33321</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<b>DO NOT WRITE IN THIS SPACE</b>			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Andrea Delgado</i>		<i>4/17/03 954 722 1699</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2003AB (12/01)