

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0020932 AT

DOCUMENT # P94000004701

1. Entity Name

NORTH PALM BEACH INVESTMENT CORP.

03-07-2002 90228 040 ***150.00

Principal Place of Business

**1120 LASKIN RD
 VIRGINIA BEACH VA 23451
 US**

Mailing Address

**1120 LASKIN RD
 VIRGINIA BEACH VA 23451
 US**

2. Principal Place of Business

3333 24 Va Beach Blvd
 Suite, Apt. #, etc.

3. Mailing Address

3333 24 Va Beach Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Va Beach, Va

City & State

Va Beach, Va

4. FEI Number

54-1698825

Applied For

Not Applicable

Zip

23452

Country

Zip

23452

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MALEFATTO, ALFRED J
 777 SOUTH FLAGLER DR.
 SUITE 310 EAST
 WEST PALM BEACH FL 33401**

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

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, 2002 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 **P** ☐ Delete
 NAME **GARCIA, EDWARD S**
 STREET ADDRESS **1120 LASKIN RD**
 CITY-ST-ZIP **VIRGINIA BEACH VA 23451**

TITLE **STD** ☐ Delete
 NAME **KILMER, ANDREA M**
 STREET ADDRESS **1120 LASKIN RD**
 CITY-ST-ZIP **VIRGINIA BEACH VA**

TITLE **VDP** ☐ Delete
 NAME **GELARDE, MICHAEL F**
 STREET ADDRESS **1120 LASKIN RD**
 CITY-ST-ZIP **VA BCH VA 23451**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/2002 757 340-8001

CR2E034 (9/01)