

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90119 041 ***150.00

DOCUMENT # P94000010773

1. Entity Name
D R PALM BEACH, INC.

Principal Place of Business 1800 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401		Mailing Address 1800 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401-2002	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0467441** Applied For Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WOOD, MICHAEL 1800 PALM BEACH LAKES BLVD. 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 _____	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLA RATTA, JOSEPH M 18385 S.E. VILLAGE CIRCLE TEQUESTA FL 33489 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELLA RATTA, JAMES J. 7061 COPPERWOOD WAY COLUMBIA MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor 627 BRACKENWOOD COVE PALM BEACH GARDENS, FL. 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELLA RATTA, J. RAPHAEL 2257 NI VERNON ST ARLINGTON VA 22207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor 3890 RT. 97 GLENWOOD, MD. 21738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELLA RATTA, JENNIFER 715 SO. WASHINGTON STR., #12-A ALEXANDRIA VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor 2257 N. VERNON STREET ARLINGTON, VA. 22207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOOD, MICHAEL 1800 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor

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: _____ **VICE PRESIDENT** **1/14/00** **561-683-8810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #