## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 13, 2001 8:00 am DOCUMENT # **P94000072366 Secretary of State** PALMETTO PARK ENTERPRISES, INC. 03-13-2001 90010 039 \*\*\*150.00 Principal Place of Business Mailing Address 2300 CORPORATE BLVD 2300 CORPORATE BLVD SUITE 214 - 214 **BOCA RATON FL 33431** BOCA RATON FL 33431 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 214 City & State City & State Applied For 4. FEI Number 65-0524320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ∽Name. GRAFF, STUART W Street Address (P.O. Box Number is Not Acceptable) 2300 CORPORATE BLVD SUITE-236 219 Suite 214 **BOCA RATON FL 33431** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete SMITH, BARRY STREET ADDRESS 7111 MELROSE CASTLE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE Change ☐ Addition GRAFF, STUART W. NAME NAME STREET ADDRESS STREET ADDRESS 7115 AYRSHIRE LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Delete\_\_ Change ☐ Addition GRAFF, PAULA NAME NAME STREET ADDRESS STREET ADDRESS 7115 AYRSHIRE LANE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-7/P

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

FILED

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