

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032146

1. Entity Name

PALBECO INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90070 001 *2,250.00

11237



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

16750 KNIGHTSBRIDGE LN
DELRAY BCH FL 33484
US

2665 SO. BAYSHORE DRIVE STE 900
SUITE 703
MIAMI FL 33133-5401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0593650

Applied For

Not Applicable

Zip

Country

Zip

Country

33133

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORDL CORPORATE SERVICES, INC
2665 SO. BAYSHORE DRIVE STE. 900
SUITE 703
MIAMI FL 33133

Name

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

2665 S. Bayshore Drive, Suite 703

City

Miami

FL

Zip Code

33133

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, 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 AS
NAME RICHARDS, TIMOTHY D.
STREET ADDRESS 2665 S. BAYSHORE DR, SUITE 703
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DPS
NAME RIEKER, BIRGIT
STREET ADDRESS 16750 KNIGHTSBRIDGE LANE
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH 014 (9/99)