

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032146

1. Entity Name
PALBECO INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90032 003 ***150.00

842998



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 16750 KNIGHTSBRIDGE LN DELRAY BCH FL 33484 US | Mailing Address 2665 SO. BAYSHORE DRIVE STE. 900 SUITE 703 MIAMI FL 33133 US |
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|--------------------------------|---------|--|------------|
| 2. Principal Place of Business | | 3. Mailing Address 2665 South Bayshore Drive | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 703 | |
| City & State | | City & State Miami, Florida | |
| Zip | Country | Zip | Country |
| | | 33133 | USA |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0593650 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent WORDL CORPORATE SERVICES, INC 2665 SO. BAYSHORE DRIVE STE. 900 SUITE 703 MIAMI FL 33133 | | 7. Name and Address of Now Registered Agent Name corrected Street Address (P.O. Box Number is Not Acceptable) 2665 South Bayshore Drive Suite 703 City Miami FL Zip Code 33133 | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS RICHARDS, TIMOTHY D. 2665 S. BAYSHORE DR, SUITE 703 MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS RIEKER, BIRGIT 16750 KNIGHTSBRIDGE LANE DELRAY BEACH FL 33484 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Addition |
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| 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"/> 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 an officer like empowered.

SIGNATURE: Timothy D. Richards Timothy D. Richards 4/26/01 (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)