

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
 05-05-2000 90023 009 ***150.00

DOCUMENT # P95000038993

1. Entity Name

PALMIERI BUILDING PARTNERS, INC.

Principal Place of Business

Mailing Address

2401 PGA BLVD
 STE 272
 PALM BCH GRDNS FL 33410
 US

PO BOX 31358
 PALM BCH GRDNS FL 33420-1358
 US

2. Principal Place of Business

3. Mailing Address

2581 Jupiter Park Drive

Suite, Apt. #, etc.
E-11

Suite, Apt. #, etc.

City & State
Jupiter, FL

City & State

Zip
33458

Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0584662

Applied For

Not Applicable

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

PALMIERI, RUSSELL
830 NE 18TH STREET
FORT LAUDERDALE FL 33305

Name

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

2581 Jupiter Park Drive E-11

City
Jupiter

FL

Zip Code
33458

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)

3/14/00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
PALMIERI, RUSSELL
830 NE 18TH STREET
FORT LAUDERDALE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
2581 Jupiter Park Drive E-11
Jupiter, FL 33458

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
BLOCK, MICHAEL
830 NE 18 ST
FORT LAUDERDALE FL ☒ Delete

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

TITLE
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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 like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/14/00

561-743-3227

Date

Daytime Phone #

CR2E034 (9/99)