2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000059112					Jan 14, 2002 8:00 am		
					Secretary of State		
	ASSOCIATES OF PALM BEAC	CH, INC.			01-14-2002 90004 009 **		
Principal Plac	e of Business	Mailing Address					
7650 ARDWIN		7650 ARDWICK DRIVE LAKE WORTH FL 33467					
2 Principal D	lace of Business	3. Mailing Address					
i 35°5 Suite, Apt.	OCCA LA	DO NOT WRITE IN THIS SPACE					
City & State	4/00/11/1	City & State	NCH F	L 4.	FEI Number 65-0608115	Applied For Not Applicable	
33441	6 Country A	3344b	Country / S A		Certificate of Status Desired F	8.75 Additional ee Required	
	6. Name and Address of Current Re	Aletera Adent	Name	• 1. 1	Name and Address of New Registered A	Aeur	
7650-ARI	ein, Harold Dwick Drive- D rith Fl 33487		Street Address (P.O. Box Number is Not Acceptable) 13558 MONOLICA LAKE PRIVE				
-DIAC MONTH PE 3340/			City DEL RAY REACH FL Zip Code WILL				
9 Thombs:	named entity submits this statement for th	o purpose of changing its	intered office =	ELRE	/ DOI	33446	
SIGNATURE	Navh B	e purpose organization in region	istered office of	registeredzig	ent, or bour, in the state of Plonda.		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Reg	gistered Agent signati	ure required when r	einstating) DATE		
9. This corpo Tax filing r (See criter	EE IS \$150.0 Fee will be \$5 to Departmen	50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
11.	OFFICERS AND DIF		12.		DDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Goldstein, Harold 7650 Adwick Dr. Lake Worth Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1355	STEIN MAILUS F MOROCCA LAKE A LAY BEACH FL 3	ラフグ ク 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Goldstein, Joan 7650 Ardwick Dr. Lake Worth Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 6005 1355 0EUN	TEIN JOAN LIKE MONOCCA LIKE AN BEACH FL	SORIVE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDSTEIN, JOAN 7650 ARDWICK DR. LAKE WORTH FL	☐ Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	. 7 / 00 0		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change ☐ Addition	
indicated of the cor changed,	on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my si red to execute this report as re	ignature shall hequired by Cha	ave the same pter 607, Flori	119.07(3)(i), Florida Statutes. I further certi legal effect as if made under cath; that I ar da Statutes; and that my name appears in B GULDSTLW 1/4	n an officer or director	
SIGNAT		TED NAME OF SIGNING OFFICER OR D				7	