

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062901

1. Entity Name

PARK AVENUE TOUCH OF DELRAY, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90042 007 ***150.00

Principal Place of Business

335 E. Lintm Blvd.
1725 S FEDERAL HWY SUITE B1
DELRAY BEACH FL 33483

Mailing Address

335 E. Lintm Blvd.
1725 S FEDERAL HWY SUITE B1
DELRAY BEACH FL 33483-3308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0602806**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MATHEWS, GEORGE W III
1325 S CONGRESS AVE SUITE 104
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

TITLE ☐ Delete
NAME **PSD BRANSON, JUNE**
STREET ADDRESS ~~1725 S FEDERAL HWY SUITE B1~~ *335 E. Lintm Blvd.*
CITY-ST-ZIP **DELRAY BEACH FL 33483**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME *PSD Branson, June*
STREET ADDRESS *335 E. Lintm Blvd.*
CITY-ST-ZIP *Delray Bch, FL 33483*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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: *X June Branson* **SIGNATURE REQUIRED** *JUNE Branson, Pres.* *2-18-00* *561-278-0803*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)