

FOR PROFIT CORPORATION *AMENDED* UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P95000066248*

5208 Arbor Glenn
Circle
LAKE WORTH, FLA
33463

1. Entity Name

Palm Beach Services, Inc

FILED

02 JUN -7 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9783 KAMERA CIRCLE

3. Mailing Address

9783 KAMERA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

4. FEI Number

65-0001781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALEXANDER GREENWALD

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

9783 KAMERA CIRCLE

City

BOYNTON BEACH

FL

Zip Code

33436

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

Alexander Greenwald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 *DIRECTOR PRES.*
NAME *Alex Greenwald*
STREET ADDRESS *9783 KAMERA CIRCLE*
CITY - ST - ZIP *BOYNTON BEACH FL 33436*

TITLE *OFFICER DIRECTOR VICE-PRES*
NAME *DENELODE GORZA*
STREET ADDRESS *27170 LOWSON BLVD.*
CITY - ST - ZIP *DELRAY BEACH, FLA 33445*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Tulp

Date

Daytime Phone #

5/30/02

CR2E034B (12/01)