FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachny

SIGNATURE

## Apr 15, 2002 8:00 am Secretary of State DOCUMENT # P95000073974 1. Entity Name 04-15-2002 90004 004 \*\*\*150.00 PALM BEACH INTERNATIONAL REAL ESTATE, INC. Principal Place of Business Mailing Address 230 ROYAL PALM WAY 230 ROYAL PALM WAY SUITE 404 SUITE 404 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address BRAD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE PTi City & State 4. FEI Number Applied For 65-0609268 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMS, H B Street Address (P.O. Box Number is Not Acceptable) 7301 S DIXIE HWY WEST PALM BEACH FL 33405 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00... 9. This corporation is eligible to satisfy its Intangible 10.~Election Campaign Financing \$5:00 May:Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PVST** TITLE Change : ☐ Addition TITLE ☐ Delete MCINERNEY, JOSEPH F NAME NAME STREET ADDRESS 230 ROYAL PALM WAY, SUITE 404 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Change ☐ Addition TITLE ☐ Delete TITLE NAME MCINERNEY, JOSEPH F NAME STREET ADDRESS 230 ROYAL PALM WAY, SUITE 404 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing goes 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

YRES,