

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90336 037 ***150.00

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DOCUMENT # P95000083950

1. Entity Name
PALM BEACH 757 MODIFICATIONS, INC.

Principal Place of Business

**2500 PARKVIEW DRIVE
APT 2514
HALLANDALE FL 33009
US**

Mailing Address

**2500 PARKVIEW DRIVE
APT 2514
HALLANDALE FL 33009
US**



2. Principal Place of Business

211 S. Hollybrook Dr.

Suite, Apt. #, etc.

Bldg. 43 Apt. 308

City & State

PEMBROKE PINES, FL

Zip
33025

Country
USA

3. Mailing Address

211 S. Hollybrook Dr.

Suite, Apt. #, etc.

Bldg. 43 Apt. 308

City & State

PEMBROKE PINES FL.

Zip
33025

Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0620420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GERSHMAN, SHELDON
211 S. HOLLYBROOK DRIVE BLDG 43 APT 308
PEMBROKE PINES FL 33025**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 754-392-7712
Date Daytime Phone #

CR2E034 (9/01)