2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

2830 OKEECHOBEE BLVD.

W DALM DEACH EL

P95000086832

Mailing Address

2830 ÖKEECHOBEE BLVD.

1. Entity Name

MISTER FORMAL OF THE PALM BEACHES INCORPORATED



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90481 028 ***150.00

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W PALM BEACH FL												
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2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State								
							4.	59-1593494			pplied For lot Applicable	
Zip Country			1	Zip	у	5.	Certificate of Status Desired		\$8.75 Ad	lditional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
GROSSMAN, JOSEPH					Ţ	Name						
2830 OKEECHOBEE BLVD.						Street Address (P.O. Box Number is Not Acceptable)						
	BEACH FL 3				-			<u> </u>				
						City			——			
0.71	- <u>-</u>					City			FL			
the obliga	e named entity ations of registe	submits this stat red agent.	ement for the pu	urpose of changing its	registered	office or regist	ered a	gent, or both, in the State of Floric	da. I am	familiar with,	and accept	
	3 **-											
SIGNATURE	Signature, typed or	r printed name of regist	ered agent and title if	applicable. (NOTE	: Registered A	gent signature requir	ed when	(einctating)				
ج ج	ILE NOW!!!	FEE IS \$150	00			- gork organization rodgin	CO MITORIT	Tausiau ig)	DATE			
Afte	r May 1, 2003	Fee will be \$	550.00					9. Election Campaign Finan	ncing	\$5.0	10 May Be	
	k Payable to	Florida Depart						Trust Fund Contribution.			to Fees	
10.	16	OFFICE	RS AND DIREC	TORS	11,		ΑĪ	DDITIONS/CHANGES TO OFFICE	ERS ANI	D DIRECTOR	S IN 11	
title Name	D GROSSMAN	I INCEDII		☐ Delete	TITLE			······································		☐ Change	☐ Addition	
STREET ADDRESS		i, 303EFN CHOBEE BLVD	L		NAME	ADDRESS						
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TITLE	D			☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME	STIEFELD, S				NAME						Audition	
STREET ADDRESS - CITY-ST-ZIP	W PAIM RE	CHOBEE BLVD ACH FL 33409	•			ADDRESS						
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NAME				□ Delete	TITLE NAME					☐ Change	Addition	
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TY-ST-ZIP			e troops to	*	CITY-ST-	ZIP	••	- •				

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

0/03 561-684-0404