## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P96000020271 1. Entity Name PALM BEACH BEEF & ALE GARDEN CORP. 04-19-2001 90071 040 \*\*\*150 00 Principal Place of Business Mailing Address 7405 ST. ANDREWS ROAD 7405 ST. ANDREWS ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 IIS US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0646636 Not Applicable \$8.75 Additional Fee Required Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHWENCKE, KERRY R 1645 PALM BEACH LAKES BLVD. STE 720 WEST PALM BEACH FL 33401 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. AGENT Address ennnge Not JUST SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable - FILE NOW!!!-FEE IS:\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITI F ORI, CHRISTOPHER J NAME NAME STREET ADDRESS STREET ADDRESS 7405 ST. ANDREWS ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Addition ☐ Change STD ☐ Delete TITLE NAME ORI, DANA NAME STREET ADDRESS 7405 ST. ANDREWS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 Change Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.