

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90062 002 \*\*\*158.75

**DOCUMENT # P96000037671**

**1. Entity Name**  
**PALMCOS II INC.**

**Principal Place of Business**

C/O RICHARD J. RAZOOK  
 ONE S.E. THIRD AVE., STE. 1700  
 MIAMI FL 33131

**Mailing Address**

C/O RICHARD J. RAZOOK  
 ONE S.E. THIRD AVE., STE. 1700  
 MIAMI FL 33131



**2. Principal Place of Business**  
 C/O RICHARD J. RAZOOK  
 800 BRICKELL AVE.,  
 Suite, Apt. #, etc.  
 SUITE 201

**3. Mailing Address**  
 C/O RICHARD J. RAZOOK  
 800 BRICKELL AVE.,  
 Suite, Apt. #, etc.  
 SUITE 201

DO NOT WRITE IN THIS SPACE

**City & State**  
 MIAMI, FLORIDA

**City & State**  
 MIAMI, FLORIDA

**4. FEI Number** 65-0723451

**Applied For**  
 Not Applicable

**Zip** 33131

**Country** USA

**Zip** 33131

**Country** USA

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** HERETH, HANNJORG  
**STREET ADDRESS** C/O ONE S.E. THIRD AVE., STE. 1700  
**CITY-ST-ZIP** MIAMI FL 33131

**TITLE** PD ☒ Change ☐ Addition  
**NAME** HERETH, HANNJORG  
**STREET ADDRESS** C/O 800 BRICKELL AVE., STE. 201  
**CITY-ST-ZIP** MIAMI, FL 33131

**TITLE** VPST ☐ Delete  
**NAME** RAZOOK, RICHARD J  
**STREET ADDRESS** ONE S.E. THIRD AVE., SUITE 1700  
**CITY-ST-ZIP** MIAMI FL 33131

**TITLE** VPST ☒ Change ☐ Addition  
**NAME** RAZOOK, RICHARD J.  
**STREET ADDRESS** C/O 800 BRICKELL AVE., STE. 201  
**CITY-ST-ZIP** MIAMI, FL 33131

**TITLE** ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP** \_\_\_\_\_

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 305-808-7910  
Date Daytime Phone #

CR2E034 (9/01)