

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # P96000064445

1. Entity Name
PALM BEACH VOCATIONAL INSTITUTE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 12 AM 9:52



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 6100 SOUTH CONGRESS AVE. LANTANA FL 33462		Mailing Address 6100 SOUTH CONGRESS AVE. LANTANA FL 33462	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0707673		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
IAMES, MICHAEL 6100 S. CONGRESS AVE. LANTANA FL 33462		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D IAMES, MICHAEL 6100 SOUTH CONGRESS AVE. LANTANA FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200022345892 08/15/03--01038--027 **158.75	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/03

(561) 966-0551

Date

Daytime Phone #

CR2E034 (4/03)