

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91751 027 ***150.00

DOCUMENT # P96000073532
1. Entity Name
Palm Plaza Trading Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO BOX 226
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 226
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL
Zip
33429 Country
USA

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Boca Raton FL
Zip
33429 Country
USA

4. FFL Number
65-0704397
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent.

Name
Bonnie Izhakoff
Street Address (P.O. Box Number is Not Acceptable)
3730 Inverrary Blvd
City
Lauderhill FL Zip Code
33319

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>Bonnie Izhakoff</u> <u>3730 Inverrary Blvd</u> <u>Lauderhill FL 33319</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: (X) Bonnie Izhakoff Date 5-8-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)