

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90096 025 ***150.00

DOCUMENT # P96000074278

1. Entity Name

TOO COOL GUYS OF PALM BEACH, INC.



Principal Place of Business
POST OFFICE BOX 17679
WEST PALM BEACH FL 33416

Mailing Address
POST OFFICE BOX 17679
WEST PALM BEACH FL 33416

22004276



2. Principal Place of Business

809 OLD DIXIE HWY

Suite, Apt. #, etc.

Riviera Beach

City & State

Florida

Zip

33404

Country

Palm Beach

3. Mailing Address

13515 Exotica Lane

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

Palm Beach

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0722288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGES, LARRY W
1803 AUSTRALIAN AVE. SOUTH
STE A
WEST PALM BEACH FL 33409

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOUDEH GHAWALI

President

1/8/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE: D
NAME: HODGES, LARRY W
STREET ADDRESS: 1803 AUSTRALIAN AVE. SOUTH STE A
CITY-ST-ZIP: WEST PALM BEACH FL 33409 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: JOUDEH JAD GHAWALI
STREET ADDRESS: 13515 Exotica Lane
CITY-ST-ZIP: Wellington, Florida 33414 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

CR2E034 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

(561) 707-7066

Daytime Phone #