


**AMENDED** # 61.25

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT -7 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P97000023507</b>					
1. Entity Name <b>WILLIAM ENTERPRISES OF WEST PALM BEACH, INC.</b>					
Principal Place of Business 555 ARLINGTON DRIVE WEST PALM BEACH, FL 33415 US			Mailing Address 555 ARLINGTON DRIVE WEST PALM BEACH, FL 33415 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0732729</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VEGA, WILLIAM 555 ARLINGTON DRIVE WEST PALM BEACH, FL 33415</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number Is Not Acceptable)			Street Address (P.O. Box Number Is Not Acceptable)		
City			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 _____ DATE _____					
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2003 fee will be \$350.00</b>  <b>Amended UBR is \$91.25</b>  <b>Make Check Payable to Florida Department of State</b></p>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VEGA, WILLIAM</b>		NAME	<b>MINERVA VEGA</b>	
STREET ADDRESS	<b>555 ARLINGTON DRIVE</b>		STREET ADDRESS	<b>555 ARLINGTON DRIVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33415</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33415</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>William Vega</i>		10/3/03		561 682-1187	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Contact Phone #	

CR2EG34 (7-0102)

21/10/8