

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025813

1. Entity Name

THE PALM BEACH SCHOOL OF COOKING, INCORPORATED

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90055 014 ***150.00

Principal Place of Business

25 NE 2ND AVE #112
DELRAY BCH FL 33444
US

Mailing Address

25 NE 2ND AVE #112
DELRAY BCH FL 33444-3745
US

2. Principal Place of Business

2950 Olive wood Terr. #108
Suite, Apt. #, etc.
108

3. Mailing Address

Suite, Apt. #, etc.

City & State

BoCA Raton FL
Zip 33431 Country USA

City & State

FL
Zip Country

4. FEI Number

65-0806592

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

NORDSTROM-MOORE, DOREEN
2950 OLIVEWOOD TERR STE 108
BOCA RATON FL 33431

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NORDSTROM-MOORE DOREEN 2950 OLIVEWOOD TERR #108 BOCA RATON FL 33431 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MOORE, STEPHEN B 2950 OLIVEWOOD TERR #108 BOCA RATON FL 33431 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)