

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90032 045 ***150.00

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

DOCUMENT # **P97000029609 ✓**
 1. Entity Name
Palm Glass & Mirror Inc.

DO NOT WRITE IN THIS SPACE

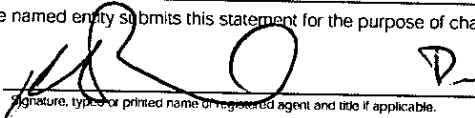
2. Principal Place of Business 7535 Garden Rd Suite, Apt. #, etc. Ste 28 City & State Riviera Beach FL Zip 33404 Country	3. Mailing Address 7535 Garden Rd Suite, Apt. #, etc. Ste 28 City & State Riviera Beach FL Zip #33404 Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0738919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name **Beninda Michael**
 Street Address (P.O. Box Number is Not Acceptable)
5550 Lake Shore Village Circle
 City **Lake Worth** **FL** Zip Code **33463**

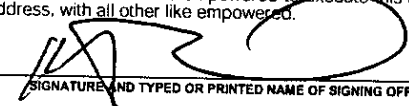
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  DATE **4/28/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Michael Beninda 5550 Lake Shore Village Circle Lake Worth FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPT Sicbarrasi Philip 1770 113th Terrace Jupiter FL 33478	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:  DATE **4/28/02 (31)** 84-771
Signature and typed or printed name of signing officer or director

CR2E034B (12/01)