

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080105

1. Entity Name

PALM SPRINGS RV CORPORATION

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90307 021 ***150.00

Principal Place of Business

~~2670 NE 215TH STREET~~
~~MIAMI, FL 33180~~

Mailing Address

~~2670 NE 215TH STREET~~
~~MIAMI, FL 33180~~

2. Principal Place of Business

7200 Radice Court

Suite, Apt. #, etc.

Apt. 503

City & State

Lauderhill, FL 33319

Zip 33319

Country USA

3. Mailing Address

7200 Radice Court

Suite, Apt. #, etc.

Apt. 503

City & State

Lauderhill, FL 33319

Zip 33319

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0787884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROXMEYER, STANLEY
7200 RADICE COURT
LAUDERHILL FL 33319

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.

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, 2001 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

TITLE DPST
NAME BROXMEYER, STANLEY
STREET ADDRESS 7200 RADICE CT.
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Olivia Broxmeyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 954 484 5888
Date Daytime Phone #

CR2E034 (10/00)