

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000087639** ✓
Entity Name
PLAYERS OF ~~WEST~~ PALM BEACH, INC

FILED
Apr 07, 2000 8:00 am
Secretary of State
04-07-2000 90048 011 ***150.00

Principal Place of Business Mailing Address
225 W. 45TH STREET
MANCOWIA PARK, FL 33407

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Country Zip Country

[REDACTED]
DO NOT WRITE IN THIS SPACE

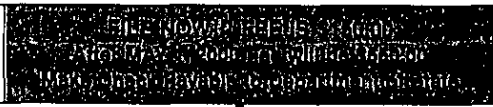
4. FEI Number
65-0787044
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOHAMMAD TINA
1225 W 45TH STREET
MANCOWIA PARK, FL 33407

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Signature: **[Signature]** (NOTE: Registered Agent signature required when reinstating) DATE

Is this corporation eligible to satisfy its intangible
filing requirement and elects to do so
(See criteria on back) ☐



10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ZIP	<input type="checkbox"/> Delete MOHAMMAD TINA 1225 W 45TH STREET MANCOWIA PARK, FL 33407	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
I have 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]** Date Daytime Phone #