

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014221

1. Entity Name
TJ PALM INVESTMENTS NO. 1, INC.

Principal Place of Business
C/O PEDRO A. MARTIN, ESQ.
1221 BRICKELL AVENUE, 24TH FLOOR
MIAMI FL 33131

Mailing Address
C/O PEDRO A. MARTIN, ESQ.
1221 BRICKELL AVENUE, 24TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.
C/O GREENBERG, TRAURIG, HOFFMAN, ET AL.
1221 BRICKELL AVE.
MIAMI FL 33131

4. FEI Number
52-2080264

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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)

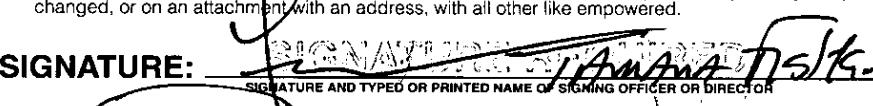
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FISHER, TAMARA JEANNE	PO BOX 31	PALM BEACH FL 33480						
				<input type="checkbox"/> Delete					<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 TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



561-818-2252

Daytime Phone #

CR2E034 (9/01)