## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P98000059133

1. Entity Name

CLUB DEAL 35, INC.



**FILED** 

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  KAY, JAMES R  KAY LAW OFFICES  11505 FAIRCHILD GARDENS AVE. SUITE 203  PALM BEACH GARDENS FL 33401  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. I am familiar with, and the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make & Fheck Payable to Florida Department of State	1350 E NEWPORT SUITE 206 DEERFIELD BEAC US 2. Principal Place	CENTER			1				
Suite, Apt. #, etc.    CHECK HERE IF MAKING CHANGES	·	1350 E NEWPORT CENTER SUITE 206 DEERFIELD BEACH FL 33442		P.O. BOX 4219 DEERFIELD BEACH FL 33442-4219					
City & State  Country  Country  Country  Country  5. Certificate of Status Desired  \$8.75 Addition Fee Required  Name  KAY, JAMES R KAY LAW OFFICES  11505 FAIRCHILD GARDENS AVE. SUITE 203 PALM BEACH GARDENS FL 33401  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and lifte if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make, Sheck Payable to Florida Department of State	Suite, Apt. #, 6	e of Business	3. Mailing Address				18161	8 171 <b>06</b> 1111 18 <b>8</b>	!
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Street Address (P.O. Box Number is Not Acceptable)  11505 FAIRCHILD GARDENS AVE. SUITE 203 PALM BEACH GARDENS FL 33401  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and titls if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	KAV IAMES	D		Name		•	•		7
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.