

**2000 UNIFORM BUSINESS REPORT (UBR)**

6.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90029 025 \*\*\*150.00

DOCUMENT # **P98000086979**  
 1. Entity Name  
*Palm Beach Capital Holdings, Inc. R*

**308480**

Principal Place of Business Mailing Address  
*2129 Woodlands Way P.O. BOX 4806*  
*Deerfield Beach Deerfield Beach*  
*FL 33442 FL 33442*

2. Principal Place of Business 3. Mailing Address  
*2129 Woodlands Way P.O. Box 4806*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
*Deerfield Beach FL Deerfield Beach FL*  
 Zip Country Zip Country  
*33442 USA 33442 USA*

4. FEI Number Applied For  
*65-1902223* Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
*Andy A. Fleischer, P.A.*  
*10000 Stirling Rd.*  
*Suite 1*  
*Cooper City Florida 33024*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 <i>President</i>	<input type="checkbox"/> Delete
NAME <i>John O'Mara</i>	
STREET ADDRESS <i>2129 Woodlands Way</i>	
CITY-ST-ZIP <i>Deerfield Beach FL 33442</i>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *John O'Mara* 5/15/2000 954-270-9711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)