

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000101383**

1. Entity Name

**GLICK'S OF PALM BEACH, INC.****FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90067 040 \*\*\*150.00

**912860**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4869 OKEECHOBEE BOULEVARD WEST PALM BEACH FL</b>	Mailing Address <b>4869 OKEECHOBEE BOULEVARD WEST PALM BEACH FL</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>7351 W. ATLANTIC AVE</b> Suite, Apt. #, etc.
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City & State <b>DELRAY BEACH, FL</b>	City & State <b>DELRAY BEACH, FL</b>
Zip <b>33446</b>	Country <b>USA</b>

4. FEI Number <b>65-0881290</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HALPER, DEAN R 15200 JOG ROAD SUITE B-7 WEST PALM BEACH FL 33484</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOLDBERG, GARY 17657 FOXBOROUGH LANE BOCA RATON FL 33496</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLABMAN, ANDREW 9116 TALWAY CIRCLE BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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: X Andrew Glabman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate: X 1-28-01 Daytime Phone #: X 561-637-1717

CR2E034 (10/00)