

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003470

1. Entity Name

QUALITY TRIM OF THE PALM BEACHES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90031 042 ***158.75

Principal Place of Business

Mailing Address

2748 PARK DRIVE
 LANTANA FL 33462

2748 PARK DRIVE
 LANTANA FL 33462-3858

2. Principal Place of Business

3. Mailing Address

4135 NW 1st PLACE

4135 NW 1st PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD Bch FL

4. FEI Number

65-0889134

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

33442

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMER, RALPH J
 2748 PARK DRIVE
 LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4135 ~~NE~~ NW 1st PLACE

City DEERFIELD Bch

FL

Zip Code 33442

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 STREET ADDRESS **RAMER, RALPH J**
 CITY-ST-ZIP **2748 PARK DRIVE**
LANTANA FL 33462

TITLE Change Addition
 NAME **P/D**
 STREET ADDRESS **RAMER, RALPH J**
 CITY-ST-ZIP **4135 NW 1st PLACE**
DEERFIELD Bch, FL 33442

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **S**
 STREET ADDRESS **Pikkariun, Paul**
 CITY-ST-ZIP **1211 Mathis STR.**
LAKE WORTH, FL 33461

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #