Sent By: LESLIE ROBERT EVANS & ASSOC P.A.;561 832 5722; May

FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90122 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025934

1. Entity Name
AMBER BREEZE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
230 ROYAL PALM WAY SUITE 204 PALM BEACH, FL 33480	230 ROYAL PALM WAY SUITE 204 PALM BEACH, FL 33480

[redacted]

2. Principal Place of Business		3. Mailing Address	
44 Cocoanut Row		Stanley Balzekas	
Suite, Apt. #, etc.: T-10		Suite, Apt. #, etc.: 6500 S Pulaski Road	
City & State: Palm Beach, FL		City & State: Chicago, IL	
Zip: 33480	Country: USA	Zip: 60629-5136	Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0994413 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVANS, LESLIE ROBERT 214 BRAZILIAN AVE, STE 200 PALM BEACH, FL 33480	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BALZEKAS, STANLEY 230 ROYAL PALM WAY, STE 204 PALM BEACH, FL 33480 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Balzekas, Stanley 44 Cocoanut Row, Ste T-10 Palm Beach FL 33480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: ______________________ 6/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

801253330
P99000025934

Amber Breeze of Florida, Inc.

44 Coconut Row, Suite T10, Palm Beach, Florida 33480
Phone: 561-832-2232 Fax: 561-832-7456

June 5, 2003

Department of State
Division of Corporate Filing
Post Office Box 6327
Tallahassee, Florida 32314

Re: Filing Fee...FEI#65-0994413

To Whom It May Concern:

We spoke to an individual in your office and were told that since we never received the original filing report for Amber Breeze of Florida, we would not have to pay the penalty fee of $500.

Please find enclosed, a check in the amount of $150 for the filing fee. Please note our new address on the report.

Thank you.

Sincerely,

Stanley Balzekas
President