

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 16, 2000 8:00 am
Secretary of State

03-07-2000 90024 047 ***150.00

DOCUMENT # **P990000447340**

Entity Name

Palm Beach REAL ESTATE & Investment, INC.

Principal Place of Business

Mailing Address

**401 South Military Trail
 Suite C-4, W.P.B., FL 33406**

**1401 South Military Trail
 Suite C-4, W.P.B., FL 33406**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0921267

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

**FALSIA, JOSEPH J III
 621 P STREET
 WEST PALM BEACH FL 33401**

Name

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

City

FL

Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-ZIP	P Joseph Falsia 621 P Street West Palm Beach FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		<input type="checkbox"/> Delete	NAME	
ST-ZIP		<input type="checkbox"/> Delete	STREET ADDRESS	
ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	
ST-ZIP		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		<input type="checkbox"/> Delete	NAME	
ST-ZIP		<input type="checkbox"/> Delete	STREET ADDRESS	
ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	
ST-ZIP		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		<input type="checkbox"/> Delete	NAME	
ST-ZIP		<input type="checkbox"/> Delete	STREET ADDRESS	
ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	

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 a copy of the filing.

SIGNATURE: **[Signature]**
 SIGNATURE AND TYPE: **President**

Resident 2-11-00
541-9431

Date

Daytime Phone #

CR2E034 (9/99)