## 2000 UNIFORM BUSINESS REPORT (UBR)

## $\mathtt{FILED}$ DOCUMENT # **P99000072689** May 01, 2000 8:00 am Secretary of State PALM BEACH REMODELING, INC. 05-01-2000 90488 025 \*\*\*150.00 Mailing Address Principal Place of Business 2650 OSWEGO AVENUE 2650 OSWEGO AVENUE WEST PALM BEACH FL 33409-4922 WEST PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State X94 0602 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, RAFAEL A Street Address (P.O. Box Number is Not Acceptable) 2650 OSWEGO AVENUE WEST PALM BEACH FL 33409 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete QUESADA, FERNANDO NAME NAME STREET ADDRESS 533-A ELMHURST ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 PRESIDENT TREASURER ☐ Addition Change Delete TITLE RAFAEL A. RODRIGUEZ RODRIGUEZ, RAFAEL A NAME NAME 2650 OSWEGO AVE. 2650 OSWEGO AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33409 CITY-ST-ZIP BEACH VICE PRESIDENT SECRETARY TITLE ☐ Delete NAME SARAH A. ROORI GUEZ NAME STREET ADDRESS 2650 DSWEGO AUE. STREET ADDRESS CITY-ST-ZIP WEST PAUM BEACH. CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address, with all other like emp

SIGNATURE:

ulm ELL-315-1327

Daytime Phon

RODRIGUEZ