SIGNATURE:

200	2 UNIFORM BUS	PINE22 KEN	ORT (UBR)	<b>4</b>
DOCUMENT # P9900072689  1. Entity Name PALM BEACH REMODELING, INC.				FILED
				1 then beau boar
				02 JUL 12 PM 2: 47
Principal Place of Business Mailing Address				SECRETARY OF CTATE
2650 OSWEGO AVENUE		2650 OSWEGO AVENUE		SECRETARY OF STATE TALLAHASSEE, FLORIDA
WEST PALM BEACH FL 33409		WEST PALM BEACH FL 33409		LOTTE
				I AFRICATA DE LEGIO ESPER ERPER ERPER ERPER ERPER ARRIVA DE LA PRIME PRIME PRIME PRIME PRIME PRIME PRIME PRIME
Principal Place of Business     Mailing Address				
Suite And Harris				
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State				4. FEI Number CF 0040C00 Applied For
Zip Country				65-0940602 Applied For Not Applicab
 	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
RODRIGI	UEZ, RAFAEL A	رياس مساس	Name	the contract of the contract o
2650 OSWEGO AVENUE			Street Address (P.O. Box Number is Not Acceptable)	
	ALM BEACH FL 33409			
			City	The Conde
Th			1	Ered agent, or both, in the State of Florida.
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.  ria on back)	After May 1, 20	!!! FEE IS \$150.00 002 Fee will be \$550.00 ble to Department of St	10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees
1.	OFFICERS AND	•	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITLE AME	PT RODRIGUEZ, RAFAEL A	☐ Delete	TITLE	300006412713-4dition
TREET ADDRESS	2650 OSWEGO AVENUE		NAME STREET ADDRESS	-07/15/0201083006
TY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	****150.00 · ****150.00
TLE Ame	VPS RODRIGUEZ, SARAH A	☐ Delete	TITLE	☐ Change ☐ Addition
REET ADDRESS	2650 OSWEGO AVENUE		NAME STREET ADDRESS	
TY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	
île Me		☐ Delete	TITLE	☐ Change ☐ Addition
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Y-ST-ZIP			CITY-ST-ZIP	
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REET ADDRESS			NAME STREET ADDRESS	
Y-ST-ZIP			CITY-ST-ZIP	
.E		☐ Delete	TITLE	☐ Change ☐ Addition
ME REET ADDRESS			NAME STREET ADDRESS	
Y-ST-ZIP			CITY-ST-ZIP	
. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information
of the corr	or this report of supplemental report is poration or the resolver or trustee empo or on an attachment with an add leas, w	terminal accounts this reserve	as required by Chapter 607	same legal effect as it made under oath; that I am an officer or director 7. Florida Statutes; and that my name appears in Block 11 or Block 12 if
	1 20000	all outenille empowered.	RAFAE	L ROPRIGUEZ PRES.
GNAT		RINTED NAME OF SIGNING OFFICER	15 N	622/02 561-478-1300



Phone 315-1327 Email PBREMODELING@AOL.COM

Attachment P99000072689

June 22, 2002

Florida Department of State PO Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Please accept this letter as explanation and request for waiver of late fee. On March 7, 2002 I was the victim of an automobile accident. I was unable to perform my work duties for several weeks. Our vehicle was in the shop for over three months and is still not in perfect order, as we are still awaiting needed parts. The physical, mental, & financial strain the accident caused, resulted in the delay of many important obligations. I would like, if at all possible, to have the late fee waived. Enclosed is a check in the amount of \$150.00 for the corporate filing. Any help in this matter would be greatly appreciated.

Sincerely,

Rafael A Rodriguez, President Palm Beach Remodeling, Inc.