

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072969

1. Entity Name

F & L PALM BEACH PARTNERS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90074 001 ***150.00
04-18-2000 90074 002 *****8.75

Principal Place of Business

Mailing Address

~~1001 US HWY ONE, SUITE 510~~
~~JUPITER FL 33477~~

~~1001 US HWY ONE, SUITE 510~~
~~JUPITER FL 33477-4305~~

2. Principal Place of Business

3. Mailing Address

425 Clamatis St.

425 Champtis st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

630940626

Applied For

Not Applicable

Zip

Country

33401

Zip

Country

33401

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

~~LOIME, LOUIS~~

~~1001 US HWY ONE, SUITE 510~~
~~JUPITER FL 33477~~

Name

Peter J. Malecki

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

1209 North Olive Ave

City

West Palm Beach FL

Zip Code

33401

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

Louis Ioime

Louis Ioime

4/10/00

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 **D** ☒ Delete
NAME ~~LOIME, LOUIS~~
STREET ADDRESS ~~1001 US HWY ONE, SUITE 510~~
CITY-ST-ZIP ~~JUPITER FL 33477~~

TITLE **Frank Mazzillo** ☒ Change ☐ Addition
NAME **Frank Mazzillo**
STREET ADDRESS **425 Clamatis st.**
CITY-ST-ZIP **West Palm Beach FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **561-655-2904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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

4/10/00

Date

Daytime Phone #

CR2E034 (9/99)