

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90018 024 ***150.00

DOCUMENT # P99000081281

1. Entity Name
EYE OF THE NEEDLE PALM BEACH, INC.



Principal Place of Business
**% WM. KAMS-WALDRON H. RAND & CO.
85 NEWBURY STREET
BOSTON MA 02116**

Mailing Address
**% WM. KAMS-WALDRON H. RAND & CO.
P.O. BOX 191
NEEDHAM MA 02194**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
% Wm Kams-Waldron H Rand + Co.
Suite, Apt. #, etc.
P.O. Box 191
City & State
Needham, Ma.
Zip
02494 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0955565** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**STARR, IRENE
43 ST. JAMES DRIVE
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLOV, KAREN S		NAME		
STREET ADDRESS	85 NEWBURY STREET		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02116		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** **8/8/03** **561-833-4533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment #

80137876

P99000081281

July 29, 2003

Divisions of Corporations

P.O. Box 1500

Tallahassee, FL 32314

RE: Eye of the Needle Palm Beach, Inc.
E.I.N. #65-0955565

To Whom It May Concern:

Enclosed please find the completed 2003 For Profit Corporation Uniform Business Report (UBR) for Eye of the Needle Palm Beach, Inc. I did not receive the form until July, 2003. Due to these circumstances, I would appreciate you waiving the late fee. Enclosed is the original \$150.00 filing fee.

Thank you for your attention to this matter.

Sincerely,



Karen Golov

tp

Enclosures

EYE(FLORIDA)/FLORIDA ANNUAL REPORT LETTER