FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90878 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

663011

DOCUMENT # P99000081366 ✓

1. Entity Name

A. DI MILLE OF PALM BEACH, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
237 WORTH AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH FL	City & State:
Zip: 33480 Country: U.S.	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0955611 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TIMOTHY H. KENNEAY

Street Address (P.O. Box Number is Not Acceptable): 120 BUTLER STREET

City: WEST PALM BEACH FL Zip Code: 33407

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	
NAME	ANDREA DI MILLE
STREET ADDRESS	240 SE MIZNER BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VICE PRESIDENT
NAME	BARBARA DOLINŠEK
STREET ADDRESS	240 SE MIZNER BLVD B. RATON
CITY-ST-ZIP	FL, 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dolinšek Barbara BARBARA DOLINŠEK 04-29-2002 561-366-8677

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