2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2003 8:00 am Secretary of State

DOCUMENT # P99000081366 1. Entity Name A. DI MILLE OF PALM BEACH, INC.						90106043					
Principal Plac	e of Business	Mailing Address				9010	6043				
237 WORTH AVE 240 S.E. TOWER BLVD. PALM BEACH, FL 33480 BOCA RATON, FL 33432											
FALIT DEACH	11 33400	DOCK RATOR, TE 33432									
9 Principal C	Nana of Divolance	To Marilian Autobaca									
2. Principal Place of Business 411 West Conference Drive 411 West Confe			erence Di	rive							
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE I	F MAKING	CHANGES			
City & State	e	City & State			4. FE	I Number		A	oplied For]	
Boca R		Boca Raton, FI	ton, FL Country			65-0955611			ot Applicable	1	
zip 33486	Country USA	33486,	USA		5. C∈	ertificate of Status Desired		8.75 Addee Require			
	5. Name and Address of Current F	Registered Agent	No.		7. Na	me and Address of New R	egistered A	gent]	
KENNEY, TIMOTHY H ESQ.				Name							
120 BUTLER ST., Suite B W. PALM BCH, FL 33407			Street Address (P.O. Box Number is Not Acceptable)								
		_									
			City		•		· FL	Zip Coo	le	1	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office o	r register	ed ager	nt, or both, in the State of Flo	rida, I am f	amillar with,	and accept	1	
ine opligar	ions of registered agent.	7				2/	1231	02			
SIGNATURE .	ABAMM Constitution of transfer of the state	nd úte i applicable. (NOTE: F	leyislered Agentsigna	me iorinicor	l when rein:	staring)	CARE	<u>U_5</u>			
	TENOWII FEETS \$750 00									1	
After	May 1, 2003 Fee will/be \$550.00 Payable to Florida Department o					 Election Campaign Fin Trust Fund Contribution 			May Be to Fees		
¹ 10.			H		455	ITIONS/CHANGES TO OFFI	0500 1115	<u> </u>	0 10 11	┨	
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TITLE	VP	XIX Delete	TITLE	Boc	a Ka	ton, FL 33486)	☐ Change	Addition	16	
NAME	DOLINSEK, BARBARA	0	NAME					_ ,		١	
STREET ADDRESS City-St-2P	240 SE MITNER BLVD BOCA RATON, FL 33432		STREET ADDRESS City-St-Zip								
1ITLE	BOCK RATON, FL 33432	☐ Delete	TITLE	<u> </u>				Change	☐ Addition	1	
NAME		□ Deice	NAME								
STREET ADDRESS CITY-ST-2P	¥ 4 .	وراح والمستهرة الماكيس	STREET ADDRESS City-St-2ip				\$				
1/7LE		☐ Delete	TITLE	 		•		Change	Addition	1	
NAME		LI DERE	NAME								
STREET ADDRESS City-St-2P	_		STREET ADDRESS City-St-21P								
TITLE	5.	Delete	1016					☐ Change	☐ Addition	1	
NAME		LJ DERE	NAME					- Overige			
STREET ADDRESS			STREET ADDRESS							Ì	
CITY-ST-2P		Delete	CITY-ST-ZIP TITLE	<u> </u>				☐ Change	Addition	\dagger	
NAME		LI DERE	NAME					ு பவழ			
street adoress	. '		STREET ADDRESS								
CITY-ST-ZP		akti dina a a a a a a a	CITY-ST-ZIP	1		A AMAN'IL P	4t	4.45-23	-4	-	
12. Thereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	this tiling does not qualify for the true and accurate and that my viered in execute this report as	ne exemption sta signature shall h required by Ch	ited in Se nave the s apter 507	ction 11 same le: 7, Florida	19.07(3)(1), Florida Statutes. I gal effect as if made under o a Statutes; and that my name	Turther certi ath; that I at appears in	ry that the i n an officer Block 10 o	ntormation or director r Block 11 if		