

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088425

1. Entity Name
PALCORP GROUP, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90160 045 ***150.00

Principal Place of Business 17890 WEST DIXIE HIGHWAY #617 NORTH MIAMI BEACH FL 33160		Mailing Address 17890 WEST DIXIE HIGHWAY #617 NORTH MIAMI BEACH FL 33160	
2. Principal Place of Business 3773 NE 163 ST Suite, Apt. #, etc.		3. Mailing Address 800 NE 195th #216 Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State NORTH MIAMI BEACH		City & State MIAMI DADE COUNTY		4. FEI Number 65-0953773	Applied For <input type="checkbox"/> Not Applicable
Zip 33160	Country US	Zip 33179	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIBOVITZ, PAUL A 17890 WEST DIXIE HIGHWAY #617 NORTH MIAMI BEACH FL 33160		7. Name and Address of New Registered Agent Name PAUL A. LIBOVITZ Street Address (P.O. Box Number is Not Acceptable) 800 NE 195th #216 City MIAMI DADE COUNTY FL Zip Code 33179	
--	--	--	--

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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBOVITZ, PAUL A 17890 WEST DIXIE HIGHWAY #617 NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBOVITZ, PAUL A 800 NE 195th #216 MIAMI DADE COUNTY, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PAUL A. LIBOVITZ Date: 1/20/01 Daytime Phone #: 305-949-9800

CR2E034 (10/00)