

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV 14 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000088425

1. Entity Name

PALCORP GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1820 NE 163 STREET

Suite, Apt. #, etc.

Suite 206

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

Zip

33162

Country

USA

Zip

Country

4. FEI Number

65-0953773

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PAUL A. LIBOVITZ

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

1820 NE 163 STREET Suite 206

City

NORTH MIAMI BEACH

FL

Zip Code

33162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Pres PAUL A. LIBOVITZ

11/7/02

DATE

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PAUL A. LIBOVITZ - PRESIDENT  
NAME 1820 NE 163 ST Suite 206  
STREET ADDRESS North Miami Beach, FL 33162 (P.O.)  
CITY-ST-ZIP

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100008947651  
11/13/02--01015--017 \*\*158.75

**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:

Signature and typed or printed name of signing officer or director

11/7/02 305-949-9800

Date

Daytime Phone #

PALCORP GROUP, INC.  
PAUL A. LIBOVITZ- PRESIDENT

1820 NE 163 STREET SUITE 206  
NORTH MIAMI BEACH, FL.33162  
BUS: 305-949-9800  
FAX: 305-949-9479  
TOLL FREE 800-840-6768

November 7, 2002

RE: Reinstatement of Palcorp Group, Inc.  
Ref. Number: P99000088425

To Whom It May Concern:

Enclosed please find my check in the amount of \$158.75 for the reinstatement of the above referenced corporation.

I did not receive the renewal application. I called your office and found out it was returned to the State. I was advised by the person on the telephone to mail the renewal fee without the penalty.

Thank you.

A handwritten signature in cursive script, appearing to read 'Paul A. Libovitz', written in dark ink.

Paul A. Libovitz