

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104511

1. Entity Name
800 PALM TRAIL, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90036 014 ***550.00

Principal Place of Business

Mailing Address

~~C/O JOHN VALENTINO~~
~~12 ROLLINGWOOD DRIVE~~
~~NEW CITY NY 10956~~

~~C/O JOHN VALENTINO~~
~~12 ROLLINGWOOD DRIVE~~
~~NEW CITY NY 10956~~

2. Principal Place of Business

3. Mailing Address

816 Palm Trail
Suite, Apt. #, etc.
Ste 210

Suite, Apt. #, etc.

City & State
Delray Beach FL

City & State

Zip
33483

Country

Zip

Country

4. FEI Number

65-0974416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION COMPANY OF MIAMI~~
~~201 S. DISCAYNE BLVD.~~
~~SUITE 1000~~
~~MIAMI FL 33131~~

Name

MARK L. KRALL, Esq.

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

616 E. ATLANTIC AVE.

City

Delray Beach

FL

Zip Code

33483

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 *Mark L. Krall*

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

(NOTE: Registered Agent signature required when reinstating)

8/30/00

DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P VALENTINO, JOHN C/O JOHN VALENTINO NEW CITY NY 10956	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P. VALENTINO, JOHN 816 Palm Trail Ste 210 Delray Beach, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALENTINO, NICOLE 816 Palm Trail, Ste 210 Delray Beach, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *John Valentino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00

DATE

Daytime Phone #

JOHN VALENTINO, VICE PRESIDENT

CR2E034 (5/00)