2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000 1. Entity Name IDEAS OF PALM BEACH, INC.	105568	٠ ٠٠ و		FILED ETARY OF STATE CONCRATION	//S: ==
Principal Place of Business 7685 STANWAY DRIVE BOCA RATON FL 33433	Mailing Address 7685 STANWAY DRIVÉ BOCA RATON FL 33433		UU UI	EC -5 AM 9:30	
Principal Place of Business 7490 Martinique Blvd. Suite, Apt. #, etc.	3. Mailing Address 7490 Martiniqu Suite, Apt. #, etc.	ue Blvd.	PENSIAL.	MATE NOTA IS SPACE O	
City & State Boca Raton, FL Zip Country 33433 6. Name and Address of Curren	City & State Boca Raton, Fl Zip 33433	Country	4. FEI Number 65-0966094 5. Certificate of Status Desir	No Sa.75 Ado Fee Require	oplied For ot Applicable ditional
GORDON, ERIC M 7685 STANWAY DRIVE BOCA RATON FL 33433		Street Address	ric M. Gordoń - uss (PO Box Numberis Not Accep 490 Martinique Blvc	FL Zin Sopt	
8. The above named entity submits this statement of SIGNATUREX Signature, typed or printed name of registered agent	Land title if applicable (NOTE	registered office or reg	1 Some		D =
9. This corporation is eligible to satisfy.its.Intangibl Tax filing requirement and elects to do so. (See criteria on back)	After SEPTEMBER 13 Make Check Payab	le to Department of	State Iros Fund Contri	oution. Added	00 May Be
11. OFFICERS AND IITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND D GORDON, ERIC M 7685 STANWAY DRIVE BOCA RATON FL 33433	☐ Delete	NAME E STREET ADDRESS 7 CITY-ST-ZIP B	ADDITIONS CHANGES TO resident ric M. Gørdon 490 Martinique Blvo oca Raton, EL 3343	Change	S IN 11 CBSE034 (\$9,00)
TITLE NAME STREET ADDRESS CJTY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10000 -12/ ***	Change 2500491- 13700011070 *750.00 *****75 Change	9 =
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	to the same of		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition =
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition D
13. I hereby certify that the information supplied wi indicated on this report or supplemental report of the corporation or the receiver or trustee empehanged, or on an attachment with an address SIGNATURE:	is true and accurate and that n	ny signature shall have as required by Chapte	n Section 119.07(3)(i), Florida Statt the same legal effect as if made ur 607, Florida Statutes; and that my Date	ites. I further certify that the inder cath; that I am an officer name appears in Block 11 or	