

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90098 014 \*\*\*150.00

DOCUMENT # **303832**

1. Entity Name

**PALM COAST VEAL CORP**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**7431-34 W ATLANTIC AVE**

3. Mailing Address

Suite, Apt. #, etc.  
**# 149**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**DELRAY BEACH, FL**

City & State

Zip

**33446**

Country

**PALM BEACH**

Zip

Country

4. FEI Number

**65-0227858**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**WALTER E. HOSAN CAMP**

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

**9640 NW 7th Circle - #2018**

City

**PLANTATION**

FL

Zip Code

**33324**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**4/23/02**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P - D  
HARVEY TICHAUER  
7431-34 W ATLANTIC AVE  
DELRAY BEACH, FL 33446**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02**

Date

Daytime Phone #

CR2E034B (12/01)



## Florida Profit

## PALM COAST VEAL CORP.

## PRINCIPAL ADDRESS

3698 1/2 N.W. 16TH ST  
LAUDERHILL FL 33311

Changed 05/29/1992

## MAILING ADDRESS

3698 1/2 N.W. 16TH ST  
LAUDERHILL FL 33311

Changed 05/29/1992

Document Number  
S03832

FEI Number  
650227858

Date Filed  
10/03/1990

State  
FL

Status  
ACTIVE

Effective Date  
NONE

## Registered Agent

Name & Address
TICHAUER, HARVEY 3698 1/2-H NW 16TH ST. LAUDERHILL FL 33311
Address Changed: 03/12/2001

## Officer/Director Detail

Name & Address	Title
TICHAUER, HARVEY 1861 EAGLE TRACE BLVD W CORAL SPRINGS FL	D