

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91789 010 ***150.00

DOCUMENT # **V08850**

1. Entity Name
AWARDS CENTER OF PALM BEACH INC.



Principal Place of Business
**6250 N MILITARY TRAIL
SUITE 104
WEST PALM BEACH FL 33407
US**

Mailing Address
**6250 N. MILITARY TRIAL
SUITE 104
W. PALM BEACH FL 33407
US**



2. Principal Place of Business

3951 N. HAVERHILL ROAD

Suite, Apt. #, etc.

107

City & State

WEST PALM BEACH, FL

Zip

33417

Country

3. Mailing Address

3951 N. HAVERHILL ROAD

Suite, Apt. #, etc.

SUITE 107

City & State

W. PALM BEACH FL

Zip

33417

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0311741**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, ELLIS
14637 FLAMINGO DRIVE
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ELLIS, GOLDBERG**
STREET ADDRESS **14637 FLAMINGO DR**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **T** ☐ Delete
NAME **GOLDBERG, BONNIE A.**
STREET ADDRESS **14637-FLAMINGO DR**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ELLIS GOLDBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03 561-881-9221

CR2E034 (10/02)