

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18063

1. Entity Name

WHITE PALM REAL ESTATE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90221 007 ***150.00

Principal Place of Business

PO BOX 811135
BOCA RATON FL 33481-1135

Mailing Address

PO BOX 811135
BOCA RATON FL 33481-1135

2. Principal Place of Business

3299 NW 2 Ave

3. Mailing Address

3299 NW 2 Ave

Suite, Apt. #, etc.

2nd

Suite, Apt. #, etc.

2nd

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33431

Country
USA

Zip
33431

Country
USA

4. FEI Number 65-0318730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSTINE, DAVID A
4770 N W 2ND AVENUE, STE D
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

3299 NW 2 Ave

2nd

City Boca Raton

FL

Zip Code 33431

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)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
RUSTINE, DAVID A
4770 N W 2ND AVENUE, STE D
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3299 NW 2 Ave 2nd
Boca Raton, FL 33431

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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

David A. Rustine - Pres.

David A. Rustine

561-997-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)