

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90518 001 ***150.00
04-18-2002 90518 002 *****8.75

DOCUMENT #

1. Entity Name

THE PALMS SOUTH BEACH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3025 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Address

% Miller & Webner, P.A.

Suite, Apt. #, etc.

P.O. Box 266947

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, Florida

City & State

Weston, Florida

4. FEI Number

65-0245113

Applied For

Not Applicable

Zip

33140

Country

Zip

33326-6947

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rebecca M. Miller

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

2442 Poinciana Court

City

Weston

FL

Zip Code
33327

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 is 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)

☐

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	D
NAME	Krause, Hans-Joachim
STREET ADDRESS	3025 Collins Avenue
CITY - ST - ZIP	Miami Beach, FL 33140
TITLE	D
NAME	Krause, Ursula Maria
STREET ADDRESS	3025 Collins Avenue
CITY - ST - ZIP	Miami Beach, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hans-Joachim Krause 03/30/02 (954) 385-9030

Date

Daytime Phone #

CR2E034B (12/01)