

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90311 036 \*\*\*150.00

006962888 FP

**DOCUMENT # S29082**

1. Entity Name  
**THE PALMS SOUTH BEACH, INC.**



Principal Place of Business  
**3025 COLLINS AVE  
MIAMI BEACH FL 33140  
US**

Mailing Address  
**% MILLER & WEBNER, P.A.  
P.O. BOX 26647  
WESTON FL 33326-6947  
US**



2. Principal Place of Business

3. Mailing Address  
**% Miller & Webner**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 266947**

City & State

City & State

**Weston, Florida**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0245113**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33326-6947**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, REBECCA M  
2442 POINCIANA COURT  
WESTON FL 33327**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|--|---|
| D<br>KRAUSE, HANS JOACHIM<br>3025 COLLINS AVE<br>MIAMI BEACH FL 33140 | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
| D<br>KRAUSE, URSULA MARIA<br>3025 COLLINS AVE<br>MIAMI BEACH FL 33140 | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |

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:

**SIGNATURE OF HANS JOACHIM KRAUSE**

**MAY 31 03**

**(954) 385-9030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)