

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Sep 01, 2000 8:00 am
Secretary of State

07-19-2000 90023 029 ***550.00

DOCUMENT # P93000035408

1. Entity Name

PAOLI INVESTMENTS, INC.

f

Principal Place of Business

1280 S. POWERLINE ROAD
 #15
 POMPANO BEACH FL 33069

Mailing Address

1280 S. POWERLINE ROAD
 #15
 POMPANO BEACH FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0420115**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BOREK, LYDIA
 1280 S. POWERLINE ROAD
 SUITE 15
 POMPANO BEACH FL 33069

06

7. Name and Address of New Registered Agent

Name **Gabriela Pool**
 Street Address (P.O. Box Number is Not Acceptable)
SCS-4459
P.O. Box 025323
 City **Miami**

FL Zip Code **33102-5323**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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 **VSD**
 NAME **CRASSUS, GABRIELA**
 STREET ADDRESS **1280 S. POWERLINE RD. #15**
 CITY-ST-ZIP **POMPANO BCH. FL 33069**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-00

Date

(954) 9683074

Daytime Phone #

CR2E084 (5/00)