2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachi

FILED DOCUMENT # 388386 Mar 23, 2000 8:00 am Secretary of State THE PATECELL CORPORATION 03-23-2000 90040 001 ***150.00 Principal Place of Business Mailing Address 3646 AIRPORT ROAD 3646 AIRPORT ROAD BLDG. 13. UNIT 2 BLDG, 13, UNIT 2 BOCA RATON FL 33431-6436 C0643900 BOCA RATON FL 33431-6436 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Cityl & State 4. FEI Number 59-1512992 Not Applicable Zip Zipi Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAPLAN-DOUGLAS-C-& ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 1915 HARRISON ST HOLLYWOOD FL 33020 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE PATECELL, THEODORE C NAME NAME 5565 NE 29 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 Change ☐ Addition ☐ Delete TITLE LOVEJOY, SHERRYLYN NAME NAME 33-52 156TH ST STREET ADDRESS STREET ADDRESS FLUSHING NY 11354 CITY-ST-ZIP CITY-ST-ZIE ☐ Charige ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP i3. I hereby certify that the information supplied with this filling 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 expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if