

2001

UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 626606**

1. Entity Name

PADRONE INVESTMENTS, INC.**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90131 001 *5,100.00

Principal Place of Business

Mailing Address

C/O SANFORD REINHARD
2875 NE 191ST STREET, #404
NORTH MIAMI BCH. FL 33180C/O SANFORD REINHARD
2875 NE 191ST STREET, #404
NORTH MIAMI BCH. FL 33180-2831**38256**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1938425

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REINHARD, SANFORD N., P.A.
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH. FL 33180

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VD						
	GOLDLIST, ISADORE						
	17600 NO. BAY RD. #801						
	NO. MIAMI BEACH FL						
	SD						
	GOLDLIST, C.						
	17600 NO. BAY RD. #805						
	NO. MIAMI BEACH FL						
	PD						
	GOLDLIST, CHARLES						
	17600 NO. BAY RD. #805						
	NO. MIAMI BEACH FL						

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 living persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 932-7555