## 2000 UNIFORM BUSINESS RÉPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## FILED May 04, 2000 8:00 am **DOCUMENT # 690503** 1. Entity Name **Secretary of State** PALLAIS CONSTRUCTION CO., INC. 05-04-2000 90027 036 \*\*\*150.00 Mailing Address Francisco 14201 S.W. 55 ST. 14201 S.W. 55 ST. MIAMI FL 33175-5832 MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2174720 Not Applicable Country 5\_\_Certificate of Status Desired. \_\_ 🔲 ... Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALLAIS, LUIS.H\_\_\_ Street Address (P.O. Box Number is Not Acceptable) 14201 S.W. 55 ST. **MIAMI FL 33175** ZID 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, typed or printed name of registered agent and title it applicable. CATE (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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE Change Ch ,TITLE . . DEBAYLE, LUIS PALLAIS DEBAYLE, LUIS PALLAIS NAME NAME 1420 SW 55 ST. 13781 SW 66 ST #B122 STREET ADDRESS STREET ADDRESS HIAMI, FL. 33175 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE ☐→ Change ☐ Delete PALLAIS, ANGELA 14201 SW 55 ST MIAMI, FL 33175 PALACIOS, ANGELA R. . NAME NAME 13781 SW 66 STREET < B-122 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 1 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