

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90901 040 ***150.00

DOCUMENT # F99000001009

1. Entity Name
PASKAL LIGHTING INC.



Principal Place of Business
**3136 JOHN P. CURCI DRIVE
PEMBROKE PARK FL 33009**

Mailing Address
**3136 JOHN P. CURCI DRIVE
PEMBROKE PARK FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4158132**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BEARDEN, TODD
3136 JOHN P. CURCI DRIVE
PEMBROKE PARK FL 33009

7. Name and Address of New Registered Agent

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 _____ 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
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 11

TITLE Delete

NAME **C PASKAL, JOSEPH**

STREET ADDRESS **1135 N. MANSFIELD AVE.**

CITY-ST-ZIP **HOLLYWOOD CA 90038**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **DVP PASKAL, RANDY**

STREET ADDRESS **1135 N. MANSFIELD AVE.**

CITY-ST-ZIP **HOLLYWOOD CA 90038**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **DP GREEN, EVAN**

STREET ADDRESS **6820 ROMAINE STREET**

CITY-ST-ZIP **HOLLYWOOD CA 90038**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **S NEWMAN, DANA**

STREET ADDRESS **1135 N. MANSFIELD AVE.**

CITY-ST-ZIP **HOLLYWOOD CA 90038**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 REUSAN RIPA LMER Date 2/25/03 (323) 466-5233 Daytime Phone #

CR2E034 (10/02)