

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 06, 2000 8:00 am
Secretary of State

07-06-2000 90008 002 ***550.00

DOCUMENT # F99000005210

1. Entity Name

PATAGON.COM, INC.

Principal Place of Business

**1680 MICHIGAN AVENUE, SUITE 913
MIAMI FL 33139**

Mailing Address

**1680 MICHIGAN AVENUE, SUITE 913
MIAMI FL 33139-2514**

2. Principal Place of Business

1680 MICHIGAN AVE

3. Mailing Address

1680 MICHIGAN AVE

Suite, Apt. #, etc.

SUITE 1107

Suite, Apt. #, etc.

SUITE 1107

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

Country

33139 USA

Zip

Country

33139 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2191085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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.

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 State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	CANEL, DANIEL	
STREET ADDRESS	1680 MICHIGAN AVENUE, SUITE 913	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	V	<input type="checkbox"/> Delete
NAME	JIMENEZ, DAY	
STREET ADDRESS	1680 MICHIGAN AVENUE, SUITE 913	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROHM, CARLOS	
STREET ADDRESS	1680 MICHIGAN AVENUE, SUITE 913	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT + COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANEL DANIEL	
STREET ADDRESS	1680 MICHIGAN AVE SUITE # 1107	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	CHIEF E-BUSINESS OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ DAY	
STREET ADDRESS	1680 MICHIGAN AVE SUITE # 1107	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	GENERAL COUNSEL + CORP SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRELO, JUAN PABLO	
STREET ADDRESS	1680 MICHIGAN AVE SUITE # 1107	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	CHAIRMAN OF THE BOARD + CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASARES, WENDELLAO	
STREET ADDRESS	1680 MICHIGAN AVE SUITE # 1107	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	CFO + TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRERA WILLIAM	
STREET ADDRESS	1680 MICHIGAN AVE # 1180	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	CHIEF STRATEGY OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLITZER, GABRIEL	
STREET ADDRESS	1680 MICHIGAN AVE # 1107	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #