

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90029 032 ***150.00

DOCUMENT # J47200

1. Entity Name

PARC ISLE, INC.

Principal Place of Business

9260 SW 72ND ST
 STE 206
 MIAMI FL 33173
 US

Mailing Address

9260 SW 72ND ST
 STE 206
 MIAMI FL 33173-3255
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2756608**

Applied For

Not Applied For

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

SCHULTA, STEVEN A.
 200 SOUTH BISCAYNE BLVD
 SUITE 3150
 MIAMI FL 33131

Name **STEVEN A. SCHULTZ**
 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2ND ST.
SUITE 2800
 City **Miami** FL Zip Code **33131**

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]
 Signature of Registered Agent and Not Acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/00

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	D	<input type="checkbox"/> Delete
NAME	SISO, CAROLS P.	
STREET ADDRESS	APARTADO 2320	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE SISO, PILAR C.	
STREET ADDRESS	APARTADO 2320	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ZULOAGA, ANABELLA S.	
STREET ADDRESS	APARTADO 2320	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHULTZ, STEVEN A.	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, SUITE 3150	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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. 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]
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN A. SCHULTZ

Date

Daytime Phone #

1/28/00

305-539-8400