

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J77686

1. Entity Name

THE PINK PALM, III, INC.

Principal Place of Business

3434 MAIN HWY
COCONUT GROVE FL 33133
US

Mailing Address

3434 MAIN HWY.
COCONUT GROVE FL 33133-5916
US

2. Principal Place of Business

657 LINCOLN ROAD
Suite, Apt. #, etc.

3. Mailing Address

657 LINCOLN ROAD
Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL
Zip 33139 Country USA

City & State

MIAMI BEACH, FL
Zip 33139 Country USA

4. FEI Number

65-0035013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, BARRY
2421 LAKE PANCOAST DR.
#6-C
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Barry Long
Street Address (P.O. Box Number is Not Acceptable)
1335 LENOX AVENUE
MIAMI
City MIAMI FL Zip 33139

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 NAME STREET ADDRESS CITY-ST-ZIP	DS LITACA, STEPHEN 3845 COCO GROVE AVE. COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, BARRY 2421 LAKE PANCOAST DR. #6-C MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Long, Barry 1335 LENOX AVENUE MIAMI BEACH FL, 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90065 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)