

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K45578

1. Entity Name
JOHAN-PAT, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90283 013 ***150.00

Principal Place of Business

C/O ROBERT J. PATERNO
700 N.E. 90 STREET, SUITE B
MIAMI FL 33138

Mailing Address

C/O ROBERT J. PATERNO
700 N.E. 90 STREET, SUITE B
MIAMI FL 33138

641989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 PONCE DE LEON BLVD.

3. Mailing Address

2100 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1020

Suite 1020

City & State

City & State

CORAL GABLES, FLA.

CORAL GABLES, FLA.

Zip

Country

Zip

Country

33134

U.S.A

33134

4. FEI Number 65-0082254

Applied For

Not Applicable

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

PATERNO, ROBERT J
700 N.W. 90 STREET
SUITE B
MIAMI FL 33138

Name

ROBERT J. PATERNO

Street Address (P.O. Box Number is Not Acceptable)

2100 PONCE DE LEON BLVD.

Suite 1020

City

CORAL GABLES

FL

Zip Code

33134

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

April 13, 2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PATERNO, ROBERT J | |
| STREET ADDRESS | 7330 S.W. 116 STREET | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DJAHANSHAH, IZAD N | |
| STREET ADDRESS | 474 HUNTINGLODGE DR. | |
| CITY-ST-ZIP | MIAMI SPRINGS FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pras.

April 13, 2001

Date

305 913-0320

Daytime Phone #

CR2E034 (10/00)