

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

2003

FILED

2003 SEP 16 PM 1:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013559

1. Entity Name

PAYO, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13600 NW 4 STREET, SUITE 207
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL

City & State

4. FEI Number
65-1053815

Applied For
☐ Not Applicable

Zip Country
33028

Zip Country

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

7. Name and Address of Current Registered Agent

Name

Marie Y Duplessy

Street Address (P.O.-Box-Number is Not Acceptable)
13600 NW 4TH Street

Apt. 106

City

Pembroke Pines

FL

Zip Code
33028

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
CHARLES, MARIE
13600 NW 4 STREET, SUITE 207
PEMBROKE PINES, FL 33028

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

609023172246
09/18/03-01061-001 **\$50.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marie Y Charles MARIE CHARLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-442-5602
Daytime Phone #