

2000 UNIFORM BUSINESS REPORT (UBR) *Amended **

DOCUMENT # **L 25658**
1. Entity Name **Parmenter Realty + Investment Company**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 26 PM 5:05

Principal Place of Business Mailing Address

2. Principal Place of Business **501 Bruchell Key Dr**
Suite, Apt. #, etc. **509**
City & State **Miami FL**
Zip **33131** Country **USA**
3. Mailing Address **501 Bruchell Key Dr**
Suite, Apt. #, etc. **509**
City & State **Miami FL**
Zip **33131** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0865067**
Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
Daniel W. Parmenter
501 Bruchell Key Dr
Miami, FL 33131

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]* DATE **5/1/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE **President** NAME **Daniel W. Parmenter** ☐ Delete ☒ MGR
STREET ADDRESS **501 Bruchell Key Dr**
CITY-ST-ZIP **Miami, FL 33131**
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

FF \$50
Ans 5

400003346974-9
-08/07/00-01017-001
******110.00 ****55.00**

BLA

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **MGRM** **5/1/00** **305/379-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **Daniel W. Parmenter** Date Daytime Phone #

CR2E083 (11/99)