

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L42392

1. Entity Name

THE PARMENTER COMPANY, NORTH AMERICAN, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90106 031 ***158.75

Principal Place of Business

501 BRICKELL KEY DR
SUITE 509
MIAMI FL 33131
US

Mailing Address

501 BRICKELL KEY DR
SUITE 509
MIAMI FL 33131
US

2. Principal Place of Business

2601 S. BAYSHORE DR

3. Mailing Address

2601 S. BAYSHORE DR

Suite, Apt. #, etc.

700

Suite, Apt. #, etc.

700

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0171368

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, H. WILLIAM JR.
501 BRICKELL KEY DRIVE
SUITE 509
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

2601 S. BAYSHORE DR

SUITE 700

City

MIAMI

FL

Zip Code

33133

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 fee 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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
PARMENTER, DARRYL W
501 BRICKELL DR SUITE 509
MIAMI FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2601 S. BAYSHORE DR. #700
MIAMI FL 33133

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 #

CR2E034 (10/00)