2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)							APPROVEU AND			
DOCUMENT # L9900002154							FILED			
PATRICIA P. REALTY, L.L.C.							00 MAY -3 PM 12: 10			
·							SECRETARY OF STATE FALLAHASSEE, FLORIDA			
Principal Plac	e of Business	3 .	Mailing Address				PALEANASSEE, F	LORIDĂ.		
1961 14TH AVENUE VERO BEACH FL 32960			1961 14TH AVENUE VERO BEACH FL 32960-0671							
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2. Principal Place of Business			3. Mailing Address			-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			A EEI N	4. FEI Number Applied For			
<u> </u>							<u>-0922396</u>	No	t Applicable	
Zíp	Zip Country		Zip Coun		ntry	5. Certif	icate of Status Desired	\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent					Name	7Name	and Address of New Register	ed Agent		
PROFETA, PRIMO P					Street Address (P.O. Box Number is Not Acceptable)					
1961 14TH AVENUE VERO BEACH FL 32960										
TENO DE CONTE GEORG					City			Zip Code	9	
8. The above	named entity	submits this statement for	the purpose of changing it	ts register	L ed office or regis	stered agent, o	or both, in the State of Florida.			
SIGNATURE Signature, word or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed o	or printed name of registered agent a			d Agent signature requ		g) DA	1E		
	•		FILE N Make Check P		FEE IS \$50.0 o Department	ſ				
9.	,	MANAGING MEMBE		10.			ADDITIONS/CHAN	GES		
TITLE	MGR		Delete	TITL			ADDITIONS, OF INC.	☐ Change	Addition	
NAME STREET ADDRESS	PROFETA, 1961 14TH			NAM STRI	IE Eet address					
CITY-\$T-ZIP	VERO BEA	CH FL 32960		-	- ST- ZIP		<u> </u>	Change	Addition	
TITLE Name			☐ Deleta	MAM	IE .		40000326:		_	
STREET ADDRESS CITY-ST-ZIP	. دېمونې د موم	ا الماليون عومجد			- ST- ZIP	. *** . 	40000326: -05/30/00- 	-010140	25 0-00	
TITLE	,	,	☐ Delete	TITL				☐ Change	Addition	
STREET ADDRESS				STRE	EET ADDRESS					
CITY-81-ZIP	· · · · · · · · · · · · · · · · · · ·			TITL	- 8T- ZIP E			Change	AddOtion	
NAME STREET ADDRESS				MAM STRE	IE EEY ADDRESS					
CITY-81-11P				4	- \$7 - ZIP					
TITLE Name			☐ Delete	TITL	F			Change	Addition	
STREET ADDRESS CITY-ST-ZIP				\ I	EET ADDRESS - ST-ZIP				1	
TITLE	:		☐ Deteto	' TITL	E			☐ Change	Addition	
NAÇIE STEEET ADDRESS	-			MAM Stri	IE EET ADDRE 88	•				
CITY ST ZIP	artific that the	information assembled as the	this filing does not explicit	# }	-ST-ZIP	Section 440.0	(7/2Vi) Florida Statutas I funda-	contifue that the !-	oformation	
indicated indicated limited lial	erury that the on this report bility compan	iniormation supplied with t is true and accurate and t y or the receiver or trustee	that my signature shall have empowered to execute this	or une exe The same report as	emption stated in e legal effect as s required by Ch	ંક્ટલાઇંગ 119.0 if made under apter 608, Flo	i7(3)(i), Florida Statutes. I further oath; that I am a managing me rida Statutes.	mber or manage	r of the	
SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGENG MEMBER OF MANAGER Date Optime Phone #									2600	