2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002572

1. Entity Name

PALA INTERSTATE, L.L.C.

FILED

2001 MAY -2 PM 2:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
16347 OLD HAMMOND HWY. BATON ROUGE, LA 70816	16347 OLD HAMMOND HWY. BATON ROUGE, LA 70816

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 72-1083015 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BERMAN, HOWARD
14200 SOUTHWEST 85th STREET
MIAMI, FLORIDA 33183

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 _____ DATE
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		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TARAJANO, JOSE R. 16347 OLD HAMMOND HWY. BATON ROUGE, LA 70816 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004336774--3 -05/31/01--01091--015 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TARAJANO, JORGE L. 16347 OLD HAMMOND HWY. BATON ROUGE, LA 70816 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HANSON, DIANNE 16347 OLD HAMMOND HWY. BATON ROUGE, LA 70816 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TARAJANO, JOSE R. JR. 16347 OLD HAMMOND HWY. BATON ROUGE, LA 70816 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: _____ 4/9/01 225-272-5194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #