

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

DOCUMENT # 00000015543

1. Entity Name

Palamede Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5370 W 12TH AVE

Suite, Apt. #, etc.

3. Mailing Address

5370 W. 12TH AVE

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0980201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sonia Palamede

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

747 W. 78TH ST

City

Miami Lakes

FL

Zip Code

33014

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PD
Palamede, Sonia
747 W. 78TH ST
Miami Lakes, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sonia Palamede

10/9/02 (305) 558-2779

Date

Daytime Phone #

FILED

02 OCT 16 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008424886
10/17/02--01039--025 **150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

September 23, 2002

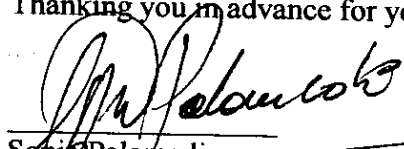
Palamede Associates, Inc.
5370 West 12 Avenue
Miami, FL 33012

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: P00000015543

I am writing to you in regards to the notice of renewal for my corporation. This is my first year owning this corporation and I was misinformed by my accountant that this had already been paid. I recently opened a DBA and I was not informed by the Department of State that my corporation had not been renewed. Since this is my first year and I was misinformed of the procedures to renew my corporation, I ask that you please waive the penalties and accept my renewal fee in the amount of \$150.00. I hope that you take this all into consideration.

Thanking you in advance for your cooperation in this matter;



Sonia Palamede
President
Palamede Associates