

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027685

1. Entity Name
PA' TU, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90091 030 ***150.00

Principal Place of Business

2276 NW 171ST TERRACE
PEMBROKE PINES FL 33028

Mailing Address

2276 NW 171ST TERRACE
PEMBROKE PINES FL 33028

2. Principal Place of Business

18459 PINES BLVD

3. Mailing Address

18459 PINES BLVD

Suite, Apt. #, etc.

188

Suite, Apt. #, etc.

188

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES FL

Zip

33029

Country

FLORIDA

Zip

33029

Country

FLORIDA

4. FEI Number

65-1009207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPP, JOHANN C
749 CRANDON BLVD. #411
KEY BISCAYNE FL 33149

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, 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) ☐

FILE NOW!!! FEES \$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 ☐ Delete
NAME D
STREET ADDRESS PAREDES, RAFAEL
CITY-ST-ZIP 2276 NW 171ST TERRACE
PEMBROKE PINES FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

RAFAEL PAREDES
PRESIDENT - D.

01/12/01 (954) 438-2694

Date

Daytime Phone #

CR2E034 (10/00)