

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030600

1. Entity Name
PAT & PAT, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90472 044 ***150.00

Principal Place of Business
**605 GLENRIDGE ROAD
KEY BISCAYNE FL 33149**

Mailing Address
**605 GLENRIDGE ROAD P.O. Box 49118
KEY BISCAYNE FL 33149**

2. Principal Place of Business

3. Mailing Address

P.O. Box 49118

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KEY BISCAYNE FL

Zip

Country

Zip
33149

Country

DADE

4. FEI Number

65-1006300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROMANO, PATRICIA
605 GLENRIDGE ROAD
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

3/12/01

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

**PTD
ROMANO, PATRICIA
P.O. BOX 49118
KEY BISCAYNE FL 33149**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPSD
RIESTRA VILLA, PATRICIA
P.O. BOX 49118
KEY BISCAYNE FL 33149**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATRICIA ROMANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

Daytime Phone #

CR2E034 (10/00)

0186225