

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90729 028 ***550.00

DOCUMENT # P00000030600

1. Entity Name

PAT. & PAT, INC.

Principal Place of Business

Mailing Address

~~605 GLENRIDGE ROAD~~
 KEY BISCAYNE FL 33149

P.O. BOX 49118
 KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

361 BEECHWOOD DR

361 BEECHWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY BISCAYNE FL

KEY BISCAYNE FL

Zip

Country

Zip

Country

33149

DADE

33149

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

7. Name and Address of New Registered Agent

ROMANO, PATRICIA

~~605 GLENRIDGE ROAD~~ 361 BEECHWOOD DR
 KEY BISCAYNE FL 33149

Name

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

361 BEECHWOOD DR

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!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
☐ Change ☐ Addition

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
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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

5/21/02 305-496-3456

Date

Daytime Phone #

CR2E034 (9/01)