

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075598

1. Entity Name
PRIVEE INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AMENDMENT

Principal Place of Business
5151 COLLINS AVE.
SUITE 1106
MIAMI BEACH FL 33140

Mailing Address
5151 COLLINS AVE.
SUITE 1106
MIAMI BEACH FL 33140

OT SEP 25 AM Please note changes +
send certificate of status.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 SOUTH BISCAYNE BLVD
Suite, Apt. #, etc.
STE. 4530

3. Mailing Address
200 SOUTH BISCAYNE BLVD
Suite, Apt. #, etc.
STE. 4530

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
65-1108053

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAPALEXIS, THANOS
5151 COLLINS AVE.
SUITE 1106
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
THANOS PAPALEXIS
Street Address (P.O. Box Number is Not Acceptable)
300 SOUTH POINTE DRIVE
TOWN HOUSE 3
City
MIAMI BEACH, FL Zip Code
33139

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE
THANOS PAPALEXIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4th Aug - 2001
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D. PAPALEXIS, THANOS 5151 COLLINS AVE. SUITE 1106 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT CEO PAPALEXIS, THANOS #3 BERKELEY SQUARE LONDON, W1X 5HG, ENGLAND	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, CHAIRMAN SECRETARY FIELDS, ROBERT B. 215 EAST 68TH ST. NEW YORK, NY 10021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004614343--1 -09/27/01--01086--015 *****70.00 *****70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

4-AUG-2001 305 375 0004

0041516 AV

CR2E034 (5/01)