

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2001 8:00 am
Secretary of State

04-25-2001 90180 048 ***150.00

DOCUMENT # P00000094635

1. Entity Name

PERSONAL PARKING PERMIT CORPORATION

Principal Place of Business

11724 SW 134TH COURT
 MIAMI FL 33186

Mailing Address

11724 SW 134TH COURT
 MIAMI FL 33186

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1045705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DE LAS CASAS, ALBERTO
11724 SW 134TH COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

SAME AS #6

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]

(NOTE: Registered Agent signature required when re-instating)

DATE

4/20/01

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 *PRESIDENT* ☐ Delete
 NAME **ALBERTO DE LAS CASAS**
 STREET ADDRESS *11724 SW 134 CT*
 CITY-ST-ZIP *MIAMI, FL 33186*

TITLE *SECRETARY* ☐ Delete
 NAME **JOSE DE LAS CASAS**
 STREET ADDRESS *11724 SW 134 CT*
 CITY-ST-ZIP *MIAMI, FL 33186*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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]

Date

Daytime Phone #

4/20/01 (305) 782 7377

CR2E034 (10/00)