

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90127 046 ***150.00

DOCUMENT # P00000099395

1. Entity Name

PROFESSIONAL PARKING ATTENDANTS, INC.

Principal Place of Business

**3501 WATERVIEW CIRCLE
 PALM SPRINGS FL 33462**

Mailing Address

**3501 WATERVIEW CIRCLE
 PALM SPRINGS FL 33462**

2. Principal Place of Business

9680 OREGON ROAD

Suite, Apt. #, etc.

3. Mailing Address

9680 OREGON ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, Florida

Zip

33434

Country

Palm Beach

City & State

BOCA RATON, Florida

Zip

33434

Country

Palm Beach

4. FEI Number

65-1057311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SURACE, DAVID L
 3501 WATERVIEW CIRCLE
 PALM SPRINGS FL 33462**

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!!! 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

TITLE **D** ☒ Delete
 NAME **SURACE, DAVID L**
 STREET ADDRESS **3501 WATERVIEW CIRCLE**
 CITY-ST-ZIP **PALM SPRINGS FL 33462**

TITLE **P** ☐ Delete
 NAME **BAZZLINATO, JOHN**
 STREET ADDRESS **9680 OREGON ROAD**
 CITY-ST-ZIP **BOCA RATON FL 33434**

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 **D** ☒ Change ☒ Addition
 NAME **THOMAS BLALL**
 STREET ADDRESS **6780 N.W. 12TH ST.**
 CITY-ST-ZIP **MARGATE, Florida 33063**

TITLE ☒ Change ☐ Addition
 NAME **BEILLATO JOHN**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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 OF DAVID L. SURACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)