

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90061 004 ***155.00

DOCUMENT # P01000062986

1. Entity Name
PERMIT X INC.

Principal Place of Business

**1355 DREXEL AVE #11
 MIAMI BEACH FL 33179**

Mailing Address

**1355 DREXEL AVE #11
 MIAMI BEACH FL 33179**

2. Principal Place of Business

1420 NE 163 ST

3. Mailing Address

1420 NE 163 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FLORIDA

City & State

NORTH MIAMI BEACH, FLORIDA

4. FEI Number

65-1117695

Applied For

Not Applicable

Zip
33165

Country
USA

Zip
33165

Country
USA

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

6. Name and Address of Current Registered Agent

**MASSON, FRITZGERALD
 1355 DREXEL AVE #11
 MIAMI BEACH FL 33179**

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 **MASSON, FRITZGERALD**
 STREET ADDRESS **1355 DREXEL AVE #11**
 CITY-ST-ZIP **MIAMI BEACH FL 33179**

TITLE **D** ☐ Delete
 NAME **MASSON, PRESML**
 STREET ADDRESS **17 NE 183 TER**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **D** ☒ Delete
 NAME **MASSON, ANNETTE**
 STREET ADDRESS **17 NE 183 TER**
 CITY-ST-ZIP **MIAMI FL 33179**

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
 NAME
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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: **FRITZGERALD MASSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02
 Date

305-776-1829
 Daytime Phone #

CR2E034 (9/01)