FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90086 037 ***150.00

DOCUMENT # P01000074052

1. Entity Name
PARELIS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9625 NW 1ST COURT	9625 NW 1ST COURT
Suite, Apt. #, etc.: 305	Suite, Apt. #, etc.: 305
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33024 Country:	Zip: 33024 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1124659 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DE LANDINEZ, REBECA R

Street Address (P.O. Box Number is Not Acceptable): 9625 NW 1ST COURT, NO 305

City: PEMBROKE PINES FL Zip Code: 33024

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	VPD
NAME	DE LANDINEZ, REBECA R
STREET ADDRESS	9625 NW 1STCOURT NO 305
CITY-ST-ZIP	~~PEMBROKE PINES, FL 33024~~
TITLE	PD
NAME	LANDINEZ, JOSE F
STREET ADDRESS	9625 NW 1ST COURT NO 305
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	DIRECTOR
NAME	LANDINEZ, FRANCISCO A
STREET ADDRESS	9625 NW 1ST COURT No 305
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	DIRECTOR
NAME	LANDINEZ, ORLANDO
STREET ADDRESS	9625 NW 1ST COURT No 305
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	DIRECTOR
NAME	LANDINEZ, LINA M
STREET ADDRESS	9625 NW 1ST COURT No 305
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JOSE LANDINEZ 04-29-02 (954) 392-5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #