

02/03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -7 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090709

1. Entity Name

PALEGRI, INC.

**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business
186 E. SUNRISE AVE3. Mailing Address
P.O. BOX 43-0454

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FLCity & State
SOUTH MIAMI, FL

4. FEI Number 65-1144214

Applied For
Not ApplicableZip
33133

Country

Zip
33243-0454

Country

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 PEDRO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

186 E. SUNRISE AVE.

City CORAL GABLES

FL

Zip Code
33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when consisting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Pedro Gonzalez
186 E. Sunrise Ave., Coral Gables, FL 33133TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Irma Gonzalez
186 E. Sunrise Ave., Coral Gables, FL 33133TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**700018461317
05/07/03--01088--026 **308.75

4/28/03

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Irma Gonzalez - IRMA GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-740-0949

Daytime Phone #

CR2E034B (12/02)

PALEGRI, INC.

P.O. BOX 430454
SOUTH MIAMI, FL
33243-0454
PHONE & FAX= 305-740-0949

April 28, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: Document # P01000090709

We just noticed that our corporation shows an inactive status looking at the Corporations Online.

Since it was filed in September 2001, we haven't received any correspondence or forms to file or pay any fee for the corporation. We just completed two different forms online and sending to you with a check for \$300.00 for years 2002 & 2003, and \$8.75 for a certificate of status.

Please let us know if any other information is needed.

*Our mailing address is: P.O. BOX 430454
SOUTH MIAMI, FL 33243-0454*

Thank you for your cooperation.

Sincerely,


Pedro Gonzalez