

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90233 015 ***150.00

DOCUMENT # P01000099539**1. Entity Name**
PATMELVAN CORPORATION**Principal Place of Business****111 S 3 ST**
LANTANA FL 33462**Mailing Address****111 S 3 ST**
LANTANA FL 33462**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****65-1146136****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ALEMAN, LUIS**
5119 ROSEN BLVD
BOYNTON BEACH FL 33437**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 <input type="checkbox"/> Delete
NAME	ALEMAN, LUIS
STREET ADDRESS	5119 ROSEN BLVD
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	D <input type="checkbox"/> Delete
NAME	ALEMAN, MARTA
STREET ADDRESS	5119 ROSEN BLVD
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 521-533-6115

CP2E034 (9/01)