

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90151 006 ***150.00

DOCUMENT # P01000118887

1. Entity Name

PAONESSA INTERNATIONAL, INC.

Principal Place of Business

201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134

91705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Weston, FL 33326

33326

USA

4. FEI Number

60-0000508

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

7. Name and Address of New Registered Agent

RAPPORT, STEPHEN R

201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134

Name

Carmen m Parejo

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

119 Cameron Ct

City

Weston

FL

Zip Code

33326

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

Carmen Mata

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

Carmen Mata

NOTE: Registered Agent signature required when reinstating.

04/18/02

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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME PAREJO, JULIAN D
 STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 711
 CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

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☐ Change☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: X

Carmen Mata

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02

Date

Daytime Phone #

CR2034 (9/01)