

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200009 002

1. Entity Name

PA PA PASS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2154 ZIP CODE PLACE

Suite, Apt. #, etc.

3. Mailing Address

2154 ZIP CODE PLACE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33409

Country

PALM BEACH

Zip

33409

Country

PALM BEACH

4. FEI Number

11-3650097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTONIA L. SMITH

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

2154 ZIP CODE PLACE

City

WEST PALM BEACH

FL

Zip Code  
33409

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

ANTONIA L. SMITH

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 NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT CARL SASSO 3311 NW 11th STREET PEMBROKE PINES, FL 33028	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT KEVIN ULBRICH 3311 NE 17th COURT FT. FAUDERDALE, FL 33305	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY ANTONIA L. SMITH 17414 47th NORTH LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:

CARL SASSO, VICE-PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
03 FEB 20 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300012869443  
02/20/03--01043--012 \*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)