

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED UBR

APPROVED
AND
FILED

102

03 OCT -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093502					
1. Entity Name PA PA PASS, INC.					
Principal Place of Business 2154 ZIP CODE PLACE WEST PALM BEACH, FL 33409			Mailing Address 4300 SO. U.S. HWY 1 SUITE 203,297 JUPITER, FL 33477		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3650097	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAROTHERS, BARRY ESQ. 4400 PGA BLVD. SUITE 800 PALM BEACH GARDENS, FL 33410				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$660.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ULBRICH, KEVIN		NAME		
STREET ADDRESS	2154 ZIP CODE PLACE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SASSO, CARL		NAME		
STREET ADDRESS	2154 ZIP CODE PLACE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIELE, DOMENIC		NAME	DPTS Miele, Domenic	
STREET ADDRESS	2154 ZIP CODE PLACE		STREET ADDRESS	2154 Zip Code Place	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	800023548038	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Domenic Miele</u> Domenic Miele, President 09-30-03 561-818-468					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CFR2034 (10/02)



CORPORATION SERVICE COMPANY™

2022

ACCOUNT NO. : 072100000032

REFERENCE : 266995 4311560

AUTHORIZATION :

Patricia Pizzini

COST LIMIT : \$ 70.00

ORDER DATE : October 3, 2003

ORDER TIME : 11:30 AM

ORDER NO. : 266995-005

CUSTOMER NO: 4311560

CUSTOMER: Barry Carothers, Esq.
Scott Harris Bryan Barra &
Suite 800
4400 Pga Boulevard
Palm Beach Gard, FL 33410

ANNUAL REPORT FILING

NAME: PA PA PASS, INC.

RECEIVED
03 OCT -3 PM 12:44
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____