

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

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90626 001 \*\*\*300.00

DOCUMENT # P93000005969

1. Entity Name

Papay, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

819 5th Street

3. Mailing Address

819 5th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

650384282

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ROGER A. STONE

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

819 5th Street

City

Miami Beach

FL

Zip Code

33139

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

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	President
NAME	Katharine Kean
STREET ADDRESS	819 5th Street
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	Vice President
NAME	Dana Belle
STREET ADDRESS	819 5th Street
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	Treasurer
NAME	Kim Ives
STREET ADDRESS	819 5th Street
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

Date

Daytime Phone #

CR2E034B (12/02)