

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034497

1. Entity Name

PILON REALTY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90231 011 ***150.00

Principal Place of Business

Mailing Address

400 CLEMATIS ST
 SUITE 205
 WEST PALM BEACH FL 33401
 US

925 ALGARINGO AVE
 CORAL GABLES FL 33134-6419

2. Principal Place of Business

1000 Ponce de Leon Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#118

City & State
 CORAL GABLES, FL.

City & State

4. FEI Number 65-0418169

Applied For

Not Applicable

Zip
 33134

Country
 U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESKE, LUCIA D
 925 ALGARINGO AVE
 CORAL GABLES FL 33134

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MESKE, LUCIA D	
STREET ADDRESS	925 ALGARINGO AVE	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCIA DESIDERIO MESKE 4/20/2000 305-476-8326

Date

Daytime Phone #

CR2E034 (9/99)