

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90074 006 ***150.00

DOCUMENT # P93000087339

1. Entity Name
PATT & BILLY'S ENTERPRISES INC.



Principal Place of Business

~~2652 E OAKLAND PK BLVD~~
~~FORT LAUDERDALE FL 33306~~
~~US~~

Mailing Address

~~2652 E OAKLAND PK BLVD~~
~~FORT LAUDERDALE FL 33306~~
~~US~~

2. Principal Place of Business

3335 NE 32 ST

3. Mailing Address

3335 NE 32 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33308

Country

USA

Zip

33308

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0449084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SESSA, PATT

~~2652 E OAKLAND PK BLVD~~
~~FORT LAUDERDALE FL 33306~~

3335 NE 32 ST
Fort Lauderdale FL
33308

7. Name and Address of New Registered Agent

Same - Patt Sessa

Street Address (P.O. Box Number Is Not Acceptable)
3335 NE 32 ST

Fort Lauderdale FL 33308

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 *Patt Sessa* PATT SESSA

1-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 PSD
NAME SESSA, PATT
STREET ADDRESS 610 GARDENS DR. #202
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

CR2E034 (10/02)

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 *Patt Sessa* PATT SESSA

1-28-03

954-568
9066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #