

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024985

1. Entity Name

PAT ENTERPRISES & CONSULTING SERVICES, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90079 006 ***150.00

Principal Place of Business

Mailing Address

13121 SW 108TH ST

13121 SW 108TH ST

MIAMI FL 33186
US

MIAMI FL 33186
US

2. Principal Place of Business

13121 SW 108TH ST

3. Mailing Address

13121 SW 108TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State,

MIAMI - FL

City & State

MIAMI - FL

Zip

33186

Country

US

Zip

33186

Country

US

4. FEI Number

65-0478875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, GARY

801 BRICKELL AVE.

9TH FLOOR

MIAMI FL 33131

Name

NELSON, GARRY

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

1401 BRICKELL AVE.

SUITE 300

City

MIAMI

FL

Zip Code
33131

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	TEIXEIRA, PAULO R	13121 SW 108TH STREET	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
SD	TEIXEIRA, DULCELINA C	13121 SW 108 STREET	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01
Date

(3W) 388 9389
Daytime Phone #

0235451

CR2E034 (10/00)