

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040665

1. Entity Name

PALMA BRAVA INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90070 011 ***150.00

Principal Place of Business

Mailing Address

20665 LYONS ROAD
BOCA RATON FL 33434

20665 LYONS ROAD
BOCA RATON FL 33434-3947
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0614000

Applied For

Not Applicable

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

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

Name

WINSTON LEE

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

20665 LYONS RD

City

BOCA RATON

FL

Zip Code

33434

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

Winston Lee C.E.O.

March 20th 2000

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 PS ☐ Delete
NAME LEE, MILA NABOR
STREET ADDRESS 50 SKYVIEW CRESCENT
CITY-ST-ZIP DOWN MILLS ONTARIO CA MJ21B-8

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LEE, JAMES
STREET ADDRESS 50 SKYVIEW CRESCENT
CITY-ST-ZIP DOWN MILLS ONTARIO CA MJ21B-8

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☐ Delete
NAME LEE, WINSTON J
STREET ADDRESS 6295 NW 104TH WAY
CITY-ST-ZIP PARKLAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LEE, ROXAN
STREET ADDRESS 25 FELTHAM ROAD
CITY-ST-ZIP MARKHAM ONTARIO L3R 6R2

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME LEE, HUBERT C
STREET ADDRESS 5621 FINCH AVE., E, UNIT 2
CITY-ST-ZIP SCARBOROUGH, ONTARIO M1B 2T9

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 691 DENISON STREET
CITY-ST-ZIP MARKHAM, ONTARIO, L3R-1B8

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 empowered.

SIGNATURE:

Winston Lee C.E.O.

March 20th 2000

954-360-0167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)