

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000040665**

1. Entity Name

PALMA BRAVA INC.**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90135 018 ***150.00

0307362

Principal Place of Business

**20665 LYONS ROAD
BOCA RATON FL 33434**

Mailing Address

**20665 LYONS ROAD
BOCA RATON FL 33434
US****00023362**

DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**LEE, WINSTON
20665 LYONS RD
BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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-ZIPTITLE **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-ZIPTITLE **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-ZIPTITLE **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-ZIPTITLE **C.** ☐ Delete
NAME **LEE, HUBERT C**
STREET ADDRESS **691 DENISON STREET**
CITY-ST-ZIP **SCARBOROUGH, ONTARIO M1B 2T9**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)