

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90003 003 ***150.00

DOCUMENT # P94000046739

1. Entity Name

MISS FLORIDA PACEMAN, INC.

Principal Place of Business

Mailing Address

1521 ALTON RD, #506
 MIAMI BEACH, FL 33139

1521 ALTON RD, #506
 MIAMI BEACH, FL 33139

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0504244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0075748

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEPKA, VICTOR
 1521 ALTON ROAD, #506
 MIAMI BEACH, FL 33139

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, type 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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☒ Change

☐ Addition

TITLE
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 CITY - ST - ZIP

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 CITY - ST - ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

CR2E034 (11/00)

JUAN A. FIGUEROA, P.A., C.P.A.

CERTIFIED PUBLIC ACCOUNTANT

CITY NATIONAL BANK BUILDING
2701 LE JEUNE ROAD, SUITE 310
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 448-5844

FAX (305) 567-0148

Attachment
#P94000046739
A0075748
MEMBER
AMERICAN INSTITUTE
OF CERTIFIED PUBLIC ACCOUNTANTS
AND
FLORIDA INSTITUTE
OF CERTIFIED PUBLIC ACCOUNTANTS

June 18, 2001

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Fl. 32302-1500

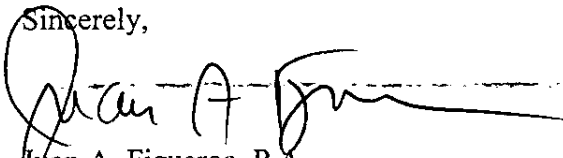
Re.: Miss Florida Pageant, Inc.
FEIN 65-0504244
Document # P94000046739
2001 UBR

Dear Agent,

In regards to our above mentioned client there was an address change, and we are afraid that the 2001 UBR pertaining said client was perhaps lost in the mail. However, we are enclosing copy of 2001 UBR with \$150.00 check for filing it. On the UBR you will notice the address change.

Please be so kind as to accept this report, and we apologize for any inconvenience. Should you require anything else, please feel free to contact us.

Sincerely,


Juan A. Figueroa, P.A.
Certified Public Accountant

JAF/cb

cc:file

Miss Florida Pageant, Inc.