

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90016 033 ***550.00

DOCUMENT # P94000087060

1. Entity Name

LOU PARELL, INC.

Principal Place of Business

Mailing Address

4971 SOUTHWEST 7TH COURT
MARGATE FL 33068

4971 SOUTHWEST 7TH COURT
MARGATE FL 33068-3115

2. Principal Place of Business

901 CYPRESS GROVE DRIVE

3. Mailing Address

901 CYPRESS GROVE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0539944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARELL, LOU
4971 SOUTHWEST 7TH COURT
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name

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

901 CYPRESS GROVE DRIVE # 101

City POMPANO BEACH

FL

Zip Code

33069

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)

LOU PARELL

4-30-00

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

TITLE PSTD
NAME PARELL, LOU
STREET ADDRESS 4971 SOUTHWEST 7TH COURT
CITY-ST-ZIP MARGATE FL 33068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 901 CYPRESS GROVE DRIVE # 101
CITY-ST-ZIP POMPANO BEACH, FL 33069

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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

4-30-00

Date

954

969-1765

Daytime Phone #

CR2E034 (9/99)