

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028071

1. Entity Name

PAPA MANAGEMENT, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90094 035 ***150.00

Principal Place of Business

Mailing Address

117 EAST HAMPTON WAY
JUPITER FL 33458

117 EAST HAMPTON WAY
JUPITER FL 33458-8136

2. Principal Place of Business

3. Mailing Address

6071 Via Venetia North
Suite, Apt. #, etc.

6071 Via Venetia North
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Delray FL
Zip Country
33484 USA

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Zip Country
33484 USA

4. FEI Number 65-0586044

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

PAPA, MICHAEL A
117 EAST HAMPTON WAY
JUPITER FL 33458

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAPA, MICHAEL A
117 EAST HAMPTON WAY
JUPITER FL 33458 ☐ Delete

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

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Michael Papa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-20-2000 Daytime Phone #: 561 638 5110