

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078994

1. Entity Name

PARKER REORDER ONLINE, INC.

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

01-28-2000 90166 013 ***150.00

Principal Place of Business

550 BILTMORE WAY
PH2
CORAL GABLES FL 33134
US

Mailing Address

550 BILTMORE WAY
PH2
CORAL GABLES FL 33134-5199
US

2. Principal Place of Business

201 ALHAMBRA CIRCLE

3. Mailing Address

201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

6TH FLOOR

Suite, Apt. #, etc.

6TH FLOOR

City & State

CORAL GABLES

City & State

CORAL GABLES FL

Zip

FL 33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0624718

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

PARKER, PHILIP
550 BILTMORE WAY PTHS 2
CORAL GABLES FL 33134

Name

PHILIP PARKER

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

201 ALHAMBRA CIRCLE

6TH FLOOR

City

CORAL GABLES

FL

Zip Code

33134

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

TITLE VP ☐ Delete
NAME PARKER, PHILIP P
STREET ADDRESS 550 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VP ☐ Delete
NAME PARKER, MITCHELL G
STREET ADDRESS 550 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE P ☒ Delete
NAME FOOS, SCOTT
STREET ADDRESS 550 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME PHILIP PARKER
STREET ADDRESS 201 ALHAMBRA CIRCLE, 6TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME MITCHELL PARKER
STREET ADDRESS 201 ALHAMBRA CIRCLE, 6TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

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

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

TITLE ☐ Change ☐ Addition
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:

Philip Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

305 774-4002

Date

Daytime Phone #

CR2E034 (9/99)