

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074258

1. Entity Name

PETIT TRIANON CORP.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90028 048 ***150.00

Principal Place of Business

329 WORTH AVENUE
UNIT #4
PALM BEACH FL 33480

Mailing Address

329 WORTH AVENUE
UNIT #4
PALM BEACH FL 33480-2467

2. Principal Place of Business

3. Mailing Address

P.O. Box 2467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PALM BEACH FL

4. FEI Number 65-0695070

Applied For
Not Applicable

Zip

Country

Zip
33480-2467

Country
U.S.

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

CRANE, ROBERT L ESQ
515 NORTH FLAGLER DRIVE
18TH FLOOR
WEST PALM BEACH FL 33401

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 CAJIGAS, CARLOS M 329 WORTH AVENUE, UNIT #4 PALM BEACH FL 33480	☐ Delete
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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

Date

Daytime Phone #

March 10, 2000 ✓ 561-802-3727

CR2E034 (9/99)