

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # **P960000 94258**

1. Entity Name

PETIT TRIANON CORP.

Principal Place of Business
329 WORTH AVE. UNIT #4

Mailing Address
PO BOX 2467

PALM BEACH, FL
33480-2467

PALM BEACH FL 33480-2467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

66-0695070

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75
Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
MRS. MICHAELA PELLONI
Street Address (P.O. Box Number is Not Acceptable)
329 WORTH AVE. UNIT 4
City
PALM BEACH, FL
Zip Code
FL 33480-2467

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

Carlos M. Cajigas *Michaela Pelloni* 4/3/03
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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CARLOS CAJIGAS 329 WORTH AVE. UNIT 4 PALM BEACH, FL 33480	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Carlos M. Cajigas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03
Date

561-802-3727
Daytime Phone #

CRE034 (9/99)