FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P96000079221 1. Entity Name PAVAC, INC. 04-03-2001 90033 037 \*\*\*150.00 Principal Place of Business Mailing Address 9900 NW 27TH AVENUE 9900 NW 27TH AVENUE MIAMI FL 33147 MIAMI FL 33147 D0030964 2. Principal Place of Business 3. Mailing Address 4934 <u>NW 57 Manor</u> 4934 NW 57 Manor Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0702659 Not Applicable Coconut Creek Coconut Creek Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33703 U.S.A 33703 Fee Required U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTORO, FRANCIS X Street Address (P.O. Box Number is Not Acceptable) 2100 HOLLYWOOD BLVD HOLLYWOOD FL 33020 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SR2E034 (10/00) ☐ Change TITLE ☐ Delete TITLE D JAWALAPERSAD, PREDIEPKOEMAR NAME NAME Jawalapersad, Prediepkoemar STREET ADDRESS STREET ADDRESS 9800 NW 27 AVE 4934 NW 57 Manor CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Coconut Creek F1 33703 Change TITLE ☐ Delete TITLE Jawalapersad, Chandradebie JAWALAPERSAD, CHANDRADEBIE NAME NAME 4934 NW 57 Manor 9800 NW 27 AVE STREET ADDRESS STREET ADDRESS Coconut Creek CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS 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.

PREDIECKSEMAN JAWALAPENSAN 0)/2)/6/
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #

SIGNATURE: