## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2000 8:00 am Secretary of State DOCUMENT # **P96000091229** 1. Entity Name PARIS PRETT #2, INC. 03-13-2000 90044 044 \*\*\*150.00 Principal Place of Business Mailing Address 777 NW 72ND AVE #2J2 12801 W SUNRISE BLVD 10043407 班 #457 MIAMI FL 33126-3017 SUINNISE FL 33323 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0712367 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCEMLA, CLAUDE Street Address (P.O. Box Number is Not Acceptable) 105 OCEAN BLVD **GOLDEN BEACH FL 33126** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition ☐ Change Delete TITLE TITI F NAME SCEMLA, CLAUDE NAME STREET ADDRESS STREET ADDRESS 105 OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP **GOLDEN BEACH FL 33160** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE THILE 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 Change ☐ Addition ☐ 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

13. I hereby certify that the information supplied with this filling 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

Date

45-5000

ING OFFICER OR DIRECTOR

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

SIGNATURE AND TYPED OR PRINTE

SIGNATURE:

**FILED**