

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90016 013 ***150.00

DOCUMENT # P97000006328

1. Entity Name
PASQUE CORP.

Principal Place of Business
11098 BISCAYNE BLVD. SUITE 205
MIAMI FL 33161

Mailing Address
P.O. BOX 530605
MIAMI SHORES FL 33153
US

2. Principal Place of Business
352 N.E. 98 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Shores FL

City & State

Zip
33138

Country
USA

Zip

Country

4. FEI Number **65-0723811**

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

NOBILI, RAUL
995 S. SHORE DR
MIAMI BCH FL 33141

Name **Foy H. Hammons**
 Street Address (P.O. Box Number is Not Acceptable)
2701 S. Bayshore Dr. Suite 606
 City **Miami** FL Zip Code **33133**

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]*

Foy H Hammons

4/10/01

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **NOBILI, CARMELA**
 CITY-ST-ZIP **11098 BISCAYNE BLVD, SUITE 205**
MIAMI FL 33161

TITLE ☒ Change ☐ Addition
 NAME **352 N.E. 98 St**
 STREET ADDRESS **Miami Shores, FL**
 CITY-ST-ZIP **33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-26-01** Daytime Phone #

CR2E034 (10/00)