2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 23, 2001 8:00 am Secretary of State DOCUMENT # **P97000030299** 05-23-2001 91175 035 ***150.00 PARAMOUNT CAB INC. Principal Place of Business Mailing Address 399 CHALLENGER ROAD 399 CHALLENGER ROAD SUITE 102 SUITE 102 CAPE CANAVERAL FL 3292) CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3462331 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALACIOS, HARRY Street Address (P.O. Box Number is Not Acceptable) 399 CHALLENGER ROAD CAPE CANAVERAL FL 32930 City Zip Code 8. The above named entity submits this statement for the purpose of changing its legistered office or registered agent, or both, in the State of Florida. SIGNATURE ignature, typed or printed name of registered agent and title if applicable. (NOT | Fegistered 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 Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal is to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME PALACIOS, HARRY NAME STREET ADDRESS 399 CHALLENGER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32930 Addition ☐ Delete TITLE ☐ Change NAME PALACIOS, MARCELINA NAME STREET ADDRESS 399 CHALLENGER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32930 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORE'S CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify to 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 ray 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 is 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 activess, with all other like empowered

UHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment D#P00000083651 AU011317

To whom it way concern. ne know that the filing is late already the reason was. 1) We did mesplace the form (my wife à me forgot it to:)

De are considering putting it as one business, if it don't ment our functional needs week.

needs next year

(4) So, please don't charge use \$ 1,000 fac business here in CAPE CAMaveral is very slow. 5) the vole of my vife will make it up next year to pay it on time.

legars. Meny & Harry Palacos