

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90004 024 \*\*\*150.00

**DOCUMENT # P97000068093**

1. Entity Name

**PARG CONCESSIONS, INC.**

Principal Place of Business

Mailing Address

**208 VALENCIA  
 CORAL GABLES FL 33134**

**208 VALENCIA  
 CORAL GABLES FL 33134-5906**

2. Principal Place of Business

**MIAMI INTERNATIONAL AIRPORT**  
 Suite, Apt. #, etc.

**CONCOURSE F - 3rd level**

**MIAMI, FL.**

3. Mailing Address

**C/O HOST MARRIOTT SERVICES**  
 Suite, Apt. #, etc.

**P.O. Box 998015**

**MIAMI, FL.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0772785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

Zip

Country

**33122**

Zip

**33299**

Country

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, NORMAN C  
 200 SOUTH BISCAYNE BLVD SUITE 2100  
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

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 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **RIERA-GOMEZ, PAULA A**  
 STREET ADDRESS **208 VALENCIA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
 NAME **P RIERA-GOMEZ PAULA A.**  
 STREET ADDRESS **MIAMI INTERNATIONAL AIRPORT - CONCOURSE F**  
 CITY-ST-ZIP **THIRD LEVEL MIAMI, FL. 33122**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **Paula A. Riera-Gomez**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 25, 2000**  
 Date

Daytime Phone #