

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009812

1. Entity Name

PARK AVENUE VALET INC.

Principal Place of Business 1620 N.E. 17 AVENUE FT. LAUDERDALE FLORIDA 33305 U.S.A.	Mailing Address 1620 N.E. 17 AVENUE FT. LAUDERDALE FLORIDA 33305 U.S.A.
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2. Principal Place of Business
1620 N.E. 17 AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE

City & State

4. FEI Number
65-0814855

Applied For
Not Applicable

Zip
33305

Country
U.S.A.

Zip

Country

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

KEN PERNA
1620 N.E. 17 AVENUE
FT. LAUDERDALE, FL 33305

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/D	☐ Delete
NAME	KEN PERNA	
STREET ADDRESS	1620 N.E. 17 AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33305	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
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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(5)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90417 023 ***150.00

850349

DO NOT WRITE IN THIS SPACE

CR2E034 (9/95)