

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046151

1. Entity Name

PHAMCO, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90073 015 \*\*\*150.00

Principal Place of Business

600 NORTH CONGRESS AVENUE  
SUITE 550  
DELRAY BEACH FL 33445

Mailing Address

600 NORTH CONGRESS AVENUE  
SUITE 550  
DELRAY BEACH FL 33445-3461

2. Principal Place of Business

100 Linton Blvd

3. Mailing Address

100 Linton Blvd

Suite, Apt. #, etc

Ste 404 B

Suite, Apt. #, etc.

Ste 404 B

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0838065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

correct\_first\_name:  
PETITHOMME, II, YVES N YVENY no ititial  
600 NORTH CONGRESS AVE.  
STE. 550  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PETITHOMME, YVES N	
STREET ADDRESS	1570 S.W. 13TH DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	PETITHOMME, YVES	
STREET ADDRESS	1570 S.W. 13TH DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETITHOMME, II, YVENY	
STREET ADDRESS	1570 SW 13 Drive	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETITHOMME, JUNETTE M.	
STREET ADDRESS	1570 SW 13 Drive	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Yves N. Petithomme II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yveny Petithomme II  
President

3/27/2000 (561) 265-2050

Date

Daytime Phone #

CR2E034 (9/99)