

2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # P98000067825

1. Entity Name

PATHENON, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-03-2000 90062 001 *1,050.00

Principal Place of Business
2620 SW 27TH AVENUE
4TH FLOOR
MIAMI FL 33133

Mailing Address
2620 SW 27TH AVENUE
4TH FLOOR
MIAMI FL 33133-3005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

LEIRO, ANGEL M
2620 SW 27TH AVENUE
4TH FLOOR
MIAMI FL 33133

Name **Olukayode A. Ramos**

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

2620 SW 27th Avenue

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 **Olukayode A. Ramos, Dir.**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	RAMOS, OLUKAYODE A	129 GAVILAN AVENUE	<input type="checkbox"/>
		CORAL GABLES FL 33143		
	D	FWORA, OLUSEGUN	129 GAVILAN AVENUE	<input type="checkbox"/>
		CORAL GABLES FL 33143		
	D	DANSO, EMMANUEL A	129 GAVILAN AVENUE	<input type="checkbox"/>
		CORAL GABLES FL 33143		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/00

(305) 476-4230

Date

Daytime Phone #