

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075135

1. Entity Name
RAY PALECEK, INC.

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

09-15-2000 90011 026 ***550.00

Principal Place of Business
**6125 SOUTHWEST 35TH STREET
FT LAUDERDALE FL 33314**

Mailing Address
**6125 SOUTHWEST 35TH STREET
FT LAUDERDALE FL 33314**

A0078225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5700 CLEVELAND ST
Suite, Apt. #, etc.

3. Mailing Address
5700 CLEVELAND ST
Suite, Apt. #, etc.

City & State
Hollywood, FLA
Zip **33021** Country **USA**

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Hollywood, FLA
Zip **33021** Country **USA**

4. FEI Number **65-0861238** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D PALECEK, RAY	6125 SOUTHWEST 35TH STREET	FT LAUDERDALE FL 33314	
		5700 CLEVELAND ST	Hollywood, FL	
			33021	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 I am empowered.

SIGNATURE: **RAY PALECEK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00 **954-647-6437**
Date Daytime Phone #

CR2E034 (5/00)