

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
 04-21-2000 90184 026 ***150.00

DOCUMENT # P98000083038

1. Entity Name

PELICAN MACHINE MAINTENANCE, INC.

Principal Place of Business

**252 NE 161 STREET
 MIAMI FL 33162**

Mailing Address

**252 NE 161 STREET
 MIAMI FL 33162-4343**

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

65-0868918

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

**COLONNA, JOHN A
 252 NE 161 STREET
 MIAMI FL 33162**

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	D	<input type="checkbox"/> Delete
NAME	COLONNA, JOHN A	
STREET ADDRESS	252 NE 161 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	PSVT	<input type="checkbox"/> Delete
NAME	COLONNA, JOHN A	
STREET ADDRESS	252 NE 161 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLONNA, JOHN A	
STREET ADDRESS	252 NE 161 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL ALLEN	
STREET ADDRESS	252 NE 161 STREET	
CITY-ST-ZIP	MIAMI, FL 33162	
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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00
 Date

305 949 4144
 Daytime Phone #

CR2E034 (9/99)