## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # P99000054801 1. Entity Name PATTON INTERNATIONAL, INC. 04-22-2000 90042 043 \*\*\*150.00 Mailing Address Principal Place of Business 2536 KEY LARGO LANE 2536 KEY LARGO LANE FT LAUDERDALE FL 33312-4606 FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt., #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORTIZ, NANCY Street Address (P.O. Box Number is Not Acceptable) **7751 SW 26TH STREET MIAMI FL 33155** g its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statem ent for th ourpose of chang Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and tri FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTOR 77 11. ☐ Change Addition ☐ Delete TITLE TITLE PATTON, THOMAS T NAME NAME 2536 KEY LARGO LANE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE SALGUEIRO, PATRICIA NAME NAME 2536 KEY LARGO LANE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SUNING SEPICER OR DIRECTOR

☐ Delete

1/1/60

954-797-125

☐ Addition

Daytime Phone #

☐ Change