

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90106 036 ***150.00

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054801
 1. Entity Name
PATTON INTERNATIONAL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2536 KEY LARGO LANE Suite, Apt. #, etc.	3. Mailing Address 2536 KEY LARGO LANE Suite, Apt. #, etc.
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City & State FT LAUDERDALE, FL	City & State FT LAUDERDALE, FL	4. FEI Number 652837131	Applied For Not Applicable
Zip 33312	Country	Zip 33312	Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
PATRICIA SALGUEIRO
 Street Address (P.O. Box Number is Not Acceptable)
2536 KEY LARGO LANE
 City
FT LAUDERDALE FL Zip Code
33312

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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATRICIA SALGUEIRO 2536 KEY LARGO LANE FT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02 (305) 324-4455
 Date Daytime Phone # X 467

CR2E034B (12/01)