2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90071 013 ***150.00

DOCUMENT # P99000056984

Entity Name
PATRICIA LACALAMITA Real Estate Corp.

Principal Place of Business | Mailing Address

Principal Place of Business | 3. Mailing Address: 12314 NW 55th ST
Suite, Apt. #, etc. | Suite, Apt. #, etc.:
City & State | City & State: Coral Springs FL
Zip | Country | Zip: 33076 | Country: U.S.A.

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0949323 ☐ 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

Name: JAY EDELMAN
Street Address (P.O. Box Number is Not Acceptable): 20806 NE 8th Ct
City: N. Miami. FL Zip Code: 33179

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.

Jay Edelman 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
D PATRICIA LACALAMITA 12314 NW 55th ST Coral Springs, FL 33076	☐ Delete	TITLE: V, P, T, S. / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
	☐ Delete	TITLE / NAME: D JAY EDELMAN / STREET ADDRESS: 20806 NE 8th Ct / CITY-ST-ZIP: N Miami FL 33179	☐ Change ☒ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Jay Edelman 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #