

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063150

1. Entity Name

PALUDA, INC.

FILED

Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90205 004 \*\*\*150.00

Principal Place of Business

4545 FOREST HILL BLVD.  
SUITE #9  
WEST PALM BEACH FL 33415

Mailing Address

4545 FOREST HILL BLVD.  
SUITE #9  
WEST PALM BEACH FL 33415-9144

00010447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3761 SO. CONGRESS AVE.  
Suite, Apt. #, etc.

3. Mailing Address

3761 SO. CONGRESS AVE.  
Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL.

4. FEI Number

65-0936180

Applied For

Not Applicable

Zip

33461

Country

U.S.A

Zip

33461

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.  
9200 S. DADELAND BLVD.  
SUITE 603  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: LUIS GUILLERMO ARANGO

Street Address (P.O. Box Number is Not Acceptable)  
12265 SAWGRASS COURT

City WELLINGTON

FL

Zip Code 33414

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 LUIS GUILLERMO ARANGO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-13-00

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

TITLE PST  
NAME ARANGO, LUIS GUILLERMO ☒ Delete  
STREET ADDRESS 4545 FOREST HILL BLVD. #9  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE VPD  
NAME ARANGO, LUIS GUILLERMO ☒ Delete  
STREET ADDRESS 4545 FOREST HILL BLVD. #9  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition  
NAME ARANGO, LUIS GUILLERMO  
STREET ADDRESS 12265 SAWGRASS CT.  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VPD ☒ Change ☐ Addition  
NAME ARANGO, LUIS GUILLERMO  
STREET ADDRESS 12265 SAWGRASS CT.  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of 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: *Luis Guillermo Arango*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-13-00 (561) 963-1110