

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90083 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081009

1. Entity Name
PAMELA DANNELEVITZ, INC.

DO NOT WRITE IN THIS SPACE

124051

2. Principal Place of Business
621-G Sea Pine Way
Suite, Apt. #, etc.
City & State
West Palm Beach FL
Zip
33415
Country
Palm Beach

3. Mailing Address
621-G Sea Pine Way
Suite, Apt. #, etc.
City & State
West Palm Beach FL
Zip
33415
Country
Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0948360
Applied For
Not Applicable

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
Pamela Dannelevitz
Street Address (P.O. Box Number is Not Acceptable)
621-G Sea Pine Way
City
West Palm Beach FL
Zip Code
33415

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 *Pamela Dannelevitz* DATE *8/16/02*
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐
(See criteria on back)

January 1 - May 1 Fee is \$160.00
After May 1, Fee is \$850.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	D Pamela Dannelevitz 621-G Sea Pine Way West Palm Beach FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 *Pamela Dannelevitz* DATE *8/16/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)