

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000086758**

1. Entity Name
MPATRINO 2, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90037 011 ***150.00

00061952

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

8001 N DALE MABRY

8001 N DALE MABRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

801 A

801 A

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33614

USA

33614

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3602896

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

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

City

FL

Zip Code

PATRINO, MICHAEL A II
14909 PELICAN POINT PLACE
TAMPA, FL 33625

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) ☒

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete

NAME **PATRINO, MICHAEL A II**
STREET ADDRESS **14909 PELICAN POINT PLACE**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **D** ☐ Delete

NAME **PATRINO, MICHAEL A**
STREET ADDRESS **14909 PELICAN POINT PLACE**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **D** ☐ Delete

NAME **PATRINO, PATRICIA R**
STREET ADDRESS **14909 PELICAN POINT PLACE**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **D** ☐ Delete

NAME **PATRINO, CHRISTOPHER J DDS**
STREET ADDRESS **14909 PELICAN POINT PLACE**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **PATRINO, CHRISTOPHER J DMD**
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

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 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/00

Date

813-930-2909

Daytime Phone #

CR2E034 (9/99)