

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90113 001 *1,905.00

DOCUMENT # P99000086702

1. Entity Name

PARIS INTERNATIONAL FLEA MARKET INC.

Principal Place of Business

1303 SWEETWATER CUB BOULEVARD
LONGWOOD FL 32779

Mailing Address

1303 SWEETWATER CUB BOULEVARD
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMILLO, JOSEPH
200 E. ROBINSON STREET
SUITE 450
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Joseph Camillo

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

10124 W. COLONIAL DR.

Suite 212

City

OCOE

FL

Zip Code

32761

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

Joseph H Camillo

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

Joseph H Camillo

(NOTE: Registered Agent signature required when reinstating)

3/28/00

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 PD ☐ Delete
NAME O'DERRICK, SHEILA
STREET ADDRESS 1303 SWEETWATER CUB BOULEVARD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 empowered.

SIGNATURE:

SHEILA O'DERRICK/PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/00

Daytime Phone #

407-774-1228

CR2E034 (9/99)