

2000 UNIFORM BUSINESS REPORT (UBR)

3/7

DOCUMENT # P99000092685

1. Entity Name

LA PALETTE CORPORATION

FILED
Aug 04, 2000 8:00 am
Secretary of State

03-07-2000 90104 017 ***150.00

Principal Place of Business
3196 COMMODORE PLAZA
MIAMI FL 33133

Mailing Address
3196 COMMODORE PLAZA
MIAMI FL 33133

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

65-0955557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARDNER, CLAIRE
3196 COMMODORE PLAZA
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Please see attached for list

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CRIS Sweeney
President
6971 SW 64th Ct
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAMES CORSA
VICE President
3916 Commodore Plaza
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GUSTAVO MARINO
VICE President
3916 Commodore Plaza
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
CLAIRE LARDNER
3916 Commodore Plaza
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFFICER, CFO
REA Christopher Hanna
3916 Commodore Plaza
MIAMI, FL 33133

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SICILIA DEPEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00
Date

305 443 5499
Daytime Phone

CR2E034 (5/00)