

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095115

1. Entity Name
DESTAROT INC.

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90009 006 ***150.00

Principal Place of Business Mailing Address
5585 EAGLE LAKE DRIVE **5585 EAGLE LAKE DRIVE**
PALM BEACH GARDENS FL 33418 **PALM BEACH GARDENS FL 33418-1549**

2. Principal Place of Business 3. Mailing Address
5585 Eagle Lake Dr **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Palm Beach Gardens **FL** **65-0965284** Not Applicable
Zip Country Zip Country
33418 **USA** **33418** **USA**

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

BIBEAU, JOHANNE
5585 EAGLE LAKE DRIVE
PALM BEACH GARDENS FL 33418

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	BIBEAU, JOHANNE	5585 EAGLE LAKE DRIVE	PALM BEACH GARDENS FL 33418				

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: **Johanne Bibeau** Date: **4-30-00** Daytime Phone #: **561-625-8864**

CR2E034 (9/99)