

2000 UNIFORM BUSINESS REPORT, (UBR)

3/

DOCUMENT # P99000096252

1. Entity Name

PAPPY'S PLACE OF VERO BEACH, INC.

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

03-14-2000 90039 043 ***150.00

Principal Place of Business

Mailing Address

C/O HATCH & DOTY, P.A.
1701 HWY. A1A, STE. 220
VERO BEACH FL 32963

C/O HATCH & DOTY, P.A.
1701 HWY. A1A, STE. 220
VERO BEACH FL 32963-2206

2. Principal Place of Business

2050 11th AVE.

3. Mailing Address

2050 11th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH - FL

City & State

VERO BEACH - FL

Zip

32960

Country

USA. IND. RIVER

Zip

32960

Country

USA.

4. FEI Number

59/3609039

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

HATCH, IRA C

1701 HWY. A1A, STE. 220
VERO BEACH FL 32963

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 \$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 **P** ☐ Delete
NAME **LERI MARQUES DOS SANTOS JR**
STREET ADDRESS **1430 16th COURT SW.**
CITY-ST-ZIP **VERO BEACH - FL 32962**

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

TITLE **Y.P.T.S.** ☐ Delete
NAME **MARIA CLAUDIA VASQUEZ**
STREET ADDRESS **2706 52nd AV**
CITY-ST-ZIP **VERO BEACH - FL 32966**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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:

Leri Marques dos Santos Jr **LERI MARQUES DOS SANTOS JR** 03/01/00 (561) 794-3374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEI No 59/3609039

CR2E034 (9/99)