

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90169 046 ***150.00

DOCUMENT # S33777

1. Entity Name

PATROON AGENCY, INC.

Principal Place of Business

Mailing Address

19101 MYSTIC POINTE DR
APARTMENT 707
AVENTURA FL 33180-4515
US19101 MYSTIC POINTE DR
APARTMENT 707
AVENTURA FL 33180-4515
US

00017155

2. Principal Place of Business

3. Mailing Address

8820 Thames River Dr.

8820 Thames River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

14-1414616

Applied

Not App

Zip

33433

Country

Palm Beach

Zip

33433

Country

Palm Beach

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHN, GERALD
19101 MYSTIC POINTE DR
APARTMENT #707
AVENTURA FL 33180Change
of
Address

7. Name and Address of New Registered Agent

Name

Same agent

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

8820 Thames River Dr.

City

Boca Raton

FL

Zip Code

33433

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)

2/2/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to

11. OFFICERS AND DIRECTORS

TITLE PTD ☐ DeleteNAME COHN, GERALD
STREET ADDRESS ~~19101 MYSTIC PTE DR #707~~
CITY-ST-ZIP ~~AVENTURA FL~~TITLE VSD ☐ DeleteNAME COHN, SANDRA E.
STREET ADDRESS ~~19101 MYSTIC PTE DR #707~~
CITY-ST-ZIP ~~AVENTURA FL~~TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☒ ChangeNAME
STREET ADDRESS 8820 Thames River Dr
CITY-ST-ZIP Boca Raton, FL 33433TITLE ☒ ChangeNAME
STREET ADDRESS 8820 Thames River Dr
CITY-ST-ZIP Boca Raton, FL 33433TITLE ☐ ChangeNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ ChangeNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ ChangeNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ ChangeNAME
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 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 (561) 883

Date

Daytime