2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90064 027 ***158.75

DOCUMENT # S34085

1. Entity Name
LA PALMA RESTORATION CORP.

Principal Place of Business	Mailing Address
116 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	116 ALHAMBRA CIRCLE CORAL GABLES, FL. 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0294018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON LYNN
116 ALHAMBRA CIRCLE
CORAL GABLES, FL. 33134

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 $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	P WILSON, LYNN 116 ALHAMBRA CIRCLE CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: X [signature] SIGNATURE REQUIRED — APRIL 28, 2000 — 305-443-404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
953474

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4/28/00 CORPORATE DETAIL RECORD SCREEN 9:55 AM

NUM: S34085 ST:FL ACTIVE/FL PROFIT FLD: 02/26/1991
LAST: REINSTATEMENT FLD: 02/12/1993
FEI#: 65-0294018
NAME : LA PALMA RESTORATION CORP.
PRINCIPAL: 116 ALHAMBRA CIRCLE CHANGED: 02/12/93
ADDRESS CORAL GABLES, FL 33134
RA NAME : WILSON, LYNN NAME CHG: 02/12/93
RA ADDR : 116 ALHAMBRA CIRCLE ADDR CHG: 02/26/99
CORAL GABLES, FL 33134
ANN REP : (1997) B 02/18/97 (1998) B 02/19/98 (1999) A 02/26/99

4/28/00 OFFICER/DIRECTOR DETAIL SCREEN 9:56 AM

CORP NUMBER: S34085 CORP NAME: LA PALMA RESTORATION CORP.
TITLE: P NAME: WILSON, LYNN
116 ALHAMBRA CIRCLE
CAPE CORAL GABLES, FL 33134
TITLE: PD NAME: SPOHRER, B.F.
4201 COLLINS AVE., #1003
MIAMI BEACH, FL 33140