

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S71053

1. Entity Name

KATHLEEN A. PAPARELLA, P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90174 020 ***150.00

Principal Place of Business

Mailing Address

12783 WEST FOREST HILL BLVD.

12783 WEST FOREST HILL BLVD.

#A

#A

WELLINGTON FL 33414

WELLINGTON FL 33414-4764

US

US

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

65-0274821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPARELLA, KATHLEEN A.
1200 CORPORATE CENTERWAY
SUITE 201
WELLINGTON FL 33414

Name

Kathleen A. Paparella

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

12783 West Forest Hill Blvd.

#A

City

Wellington

FL

Zip Code

33414

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

Kathleen A. Paparella

Kathleen A. Paparella

4-20-00

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 DP ☐ Delete
NAME PAPARELLA, KATHLEEN A
STREET ADDRESS 12783-A WEST FOREST HILL BLVD.
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE VST ☐ Delete
NAME PAPARELLA, KATHLEEN A
STREET ADDRESS 12783-A WEST FOREST HILL BLVD.
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE - ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

Kathleen A. Paparella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathleen A. Paparella 4-20-00 561-780636

CR2E034 (9/99)