

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90091 014 ***150.00

DOCUMENT # G29657

1. Entity Name

PACIFIC SERVICES & TRADING, INC.

Principal Place of Business

Mailing Address

7400 N.W. 19TH STREET
 BAY D
 MIAMI FL 33126
 US

7400 N.W. 19TH STREET
 BAY D
 MIAMI FL 33126-1217
 US

0002743'1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2268893

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AGUAYO, GUILLERMO
11630 S.W. 99TH STREET
MIAMI FL 33176

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	D	<input type="checkbox"/> Delete
NAME	FERREROS, CARLOS	
STREET ADDRESS	AVDA. INDUSTRIAL 675	
CITY-ST-ZIP	LIMA PERU	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUZA, EDUARDO	
STREET ADDRESS	AVDA. INDUSTRIAL 675	
CITY-ST-ZIP	LIMA PERU	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESPINOSA, OSCAR	
STREET ADDRESS	AVDA. INDUSTRIAL 675	
CITY-ST-ZIP	LIMA PERU	
TITLE	P	<input type="checkbox"/> Delete
NAME	AGUAYO, GUILLERMO	
STREET ADDRESS	11630 S.W. 99TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SONIA E AQUAYO	
STREET ADDRESS	11630 SW 99TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREYROS CARLOS	
STREET ADDRESS	AVDA INDUSTRIAL 675	
CITY-ST-ZIP	LIMA PERU	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SONIA E. AGUAYO**

Date: **2/17/2000** Daytime Phone #: **(305) 592 3216**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)