

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90229 040 ***150.00

DOCUMENT # G80857

1. Entity Name
PINORAMA CORP.

C0082231



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3 Circle Drive Hialeah, Florida 33010 **3 Circle Drive Hialeah, Florida 33010**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **2450 SW 137 J Avenue**
226
 Suite, Apt. #, etc.

City & State **Miami, Florida**

Zip Country **33175** Country

4. FEI Number **59-2372047** Applied For Not Applica

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

6. Name and Address of Current Registered Agent
Mario Pino
3 Circle Drive
Hialeah, Florida 33010

7. Name and Address of New Registered Agent
 Name **A&P Registered Agent, Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **2450 SW 137 Avenue**
Suite 226
 City **MTami** **FL** Zip Code **33175**

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 _____ (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 8 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D Pino, Mario 3 Circle Drive Hialeah, Florida 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Pino, Leopoldo 1901 Hammond Drive Miami Springs, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pino, Mario 3 Circle Drive Hialeah, Florida 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

13. I hereby certify that the information supplied herein is true and correct and that my signature shall have the same legal effect as if I were the incorporator of the corporation. I have read the provisions of this report as required by Chapter 207, Florida Statutes, and the names appeared in Block 11 of this report have not been changed, or an attachment to an amendment to an original certificate of incorporation is attached.

SIGNATURE: _____

04/27/00 (3) 88-9946