


FILED
Jun 27, 2003 8:00 A.M.
Secretary of State

**2003 FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000044844			
1. Entity Name A&R PACHECO, INC.			
Principal Place of Business 4990 SW 72ND AVENUE SUITE 101 MIAMI FL 33155		Mailing Address 4990 SW 72ND AVENUE SUITE 101 MIAMI FL 33155	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CFRA, LLC ONE HARBOUR PLACE 5TH FLOOR 777 S HARBOUR ISLAND BLVD TAMPA FL 33602-5730		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>[Signature]</i>		DATE: 5/2/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, RAMON B 8305 SW 174TH TERRACE MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, AIDA R 8305 SW 174TH TERRACE MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: 4/3/03	

58050001

CHECK HERE IF MAKING CHANGES

4. SSN Number **01-0168-6231** Applied For Not Applicable

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

CFR2004 (10/02)

TRANSMISSION VERIFICATION REPORT

55050001

Attachment

~~DATA~~ # P05000044844

TIME : 06/24/2003 14:56

DATE, TIME
FAX NO. /NAME
DURATION
PAGE(S)
RESULT
MODE

06/24 14:54
93059602201
00:01:39
03
OK
STANDARD
ECM

Attachment Do# 55050001
PS2000099844

MR. RAMON PACHECO
OR MRS AIDA PACHECO
8305 S.W. 174th Ter. 253-8443
Miami, FL 33157

6314

5/5/03

Date

63-643/670
BRANCH 00539

Pay to the
order of

Veneracion y lopez

\$ 550

Five hundred fifty 00/100

Dollars



WACHOVIA

ACH RT 067006432

Organized Banking®

For

01-068-6231

Aida Pacheco

MP

