

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098850

1. Entity Name

PASA TIEMPO INTERNATIONAL, INC.

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

04-04-2000 90103 023 ***158.75

Principal Place of Business % ROBBIE MIRANDA 501 SW 121 AVENUE MIAMI FL 33184	Mailing Address % ROBBIE MIRANDA 501 SW 121 AVENUE MIAMI FL 33184-1652
--	---



DO NOT WRITE IN THIS SPACE

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	65-0897318	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PARLADE, ALBERTO J ESQ. 3850 SW 87TH AVENUE SUITE 207 - MIAMI FL 33165				Name Alberto J. Parlade, Esquire Street Address (P.O. Box Number is Not Acceptable) 7050 S.W. 86th Av.			
				City Miami,		FL	Zip Code 33143

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 Alberto J. Parlade, Esquire *[Signature]* 3/29/00
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, ALFREDO S			NAME			
STREET ADDRESS	501 SW 121 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, ALEJANDRO G			NAME			
STREET ADDRESS	501 SW 121 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE SANCHEZ, LIDIA R			NAME			
STREET ADDRESS	501 SW 121 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 Alfredo S. Sanchez (305) 225-1319 3/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)