

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90035 001 \*\*\*750.00

**DOCUMENT # P95000064558**

1. Entity Name

2785, INC.

|                             |   |
|-----------------------------|---|
| Principal Place of Business | Mailing Address   |
| 2785 NW 5 ST<br>FL 33125    | 14936 SW 104 ST<br>UNIT 20<br>MIAMI FL 33196-5232<br>US |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City, State         |
| Zip                            | Zip                 |
| Country                        | Country             |

**Mr. Paulino Espinel**  
**C/O 9260-90 Inc.**  
**9280 SW 150 Ave.**  
**Suite #105**  
**Miami, FL 33196**

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number                    | 65-0618469               | Applied For                    |
|                                  |                          | Not Applicable                 |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$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                                       |
| ESPINEL, PAULINO<br>14936 SW 104 ST<br>UNIT #20<br>MIAMI FL 33196 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (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"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |                                 |      |                  |  |                |                                 |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|---|---|---|---------------------------------|------|------------------|--|----------------|---------------------------------|--|-------------|----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <table><tr><td>TITLE</td><td>PSTD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ESPINEL, PAULINO</td><td></td></tr><tr><td>STREET ADDRESS</td><td>14936 S.W. 104TH STREET UNIT 20</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI FL 33196</td><td></td></tr></table> | TITLE   | PSTD  | <input type="checkbox"/> Delete | NAME | ESPINEL, PAULINO |  | STREET ADDRESS | 14936 S.W. 104TH STREET UNIT 20 |  | CITY-ST-ZIP | MIAMI FL 33196 |  | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME  | ESPINEL, PAULINO                                      |   |                                 |      |                  |  |                |                                 |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 14936 S.W. 104TH STREET UNIT 20                       |   |                                 |      |                  |  |                |                                 |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | MIAMI FL 33196  |   |                                 |      |                  |  |                |                                 |  |             |                |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 305 388 6116

CR2E034 (9/99)