

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 17 PM 2:38

DOCUMENT # 565581

1. Entity Name  
PLACETAS RADIATOR SERVICE, INC.



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2. Principal Place of Business - No P.O. Box #

2500 SW 8 STREET

3. Mailing Address

2500 SW 8 STREET

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

591791251

Applied For

Not Applicable

Zip

33135

Country

DADE

Zip

33135

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name PABLO AMADOR

Street Address (P.O. Box Number is Not Acceptable)

1911 SW 87 AVENUE

City MIAMI

FL

Zip Code

33165

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

*Pablo Amador*

(NOTE: Registered Agent signature required when re-instating)

10/11/11

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Trust Fund Contribution.

E-mail Address:

MARLEON EGOMIEN

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME PABLO AMADOR  
STREET ADDRESS 1911 SW 87 AVE  
CITY-ST-ZIP MIAMI FL 33165

TITLE Added to Fees E-mail addresses to be used for future annual report notices

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

200203222592  
04/20/11--01005--015 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

*Pablo Amador*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/11

DATE

305 951 0977

Daytime Phone #


Pg 2072

9/27/2011

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
**ATTN: Tina Cauley**  
Regulatory Specialist II  
Department of State Division of Corporations

Enclosed is the form you forwarded to me, filled out and signed. We had mailed in our \$150.00 check, but you never received our form. You contacted me in 4/2011 acknowledging you have the check, but the form was missing. You sent a letter a letter informing me my yearly form was never received. This was mailed to the business address and I am no longer there, as the property is leased. I ask that you contact me if you were to need any additional information to avoid this feem please do not hesitate to call or email. You can also speak to my daughter, Marlene Amador 305) 951-0973m Marsleon@gmail.com.

Thank you,

  
Pablo Amador  
Placetas Radiator Service Inc.,  
1911 SW 87 Avenue  
Miami, FL 33165