

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

**FILED**  
**Sep 26, 2002 8:00 am**  
**Secretary of State**

09-26-2002 90100 025 \*\*\*150.00

DOCUMENT # 654756

1. Entity Name

PEDRO G. AGUILERA, INC.

873954

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

301 N.E. JONQUIL ST.

Suite, Apt. #, etc.

3. Mailing Address

301 N.E. JONQUIL ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE, FL.

Zip 34983

Country

USA

City & State

PORT ST. LUCIE, FL.

Zip 34983

Country

USA

4. FEI Number

59-1969837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PEDRO G. AGUILERA

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

301 N.E. JONQUIL ST.

City

PORT ST. LUCIE

FL

Zip 34983

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

*Pedro G. Aguilera*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/24/2002

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDRO G. AGUILERA 301 NE JONQUIL ST. PORT ST. LUCIE, FL. 34983
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pedro G. Aguilera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/2002

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

TELEPHONE: 305-513-3639  
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.  
ACCOUNTING, TAX PLANNING & PREPARATION  
SQUARE ONE BUSINESS CENTER  
10520 N.W. 26<sup>TH</sup> STREET  
SUITE C-201  
MIAMI, FLORIDA 33172

873954

MEMBER OF  
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS  
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

September 17, 2002

Uniform Business Report  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Re: Pedro G. Aguilera, Inc.  
Doc# 654756

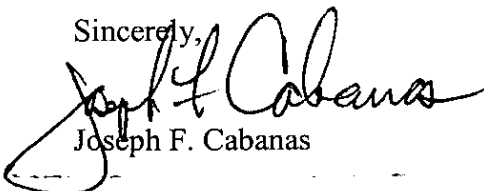
Gentlemen:

We are the accountants for the above taxpayer. Please note that our client never received the original UBR's since they moved at the end of 2001.

Our client respectfully requests amnesty against any penalties since they moved and never received the UBR's. Our client has attached a check for \$150 to cover the filing fee.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

  
Joseph F. Cabanas