

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42384

1. Entity Name  
DARIO PEDRAJO, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
02-26-2000 90011 023 \*\*\*150.00

Principal Place of Business      Mailing Address  
1893 SW 10TH ST      1893 SW 10TH ST  
MIAMI FL 33135      MIAMI FL 33135-5105

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

LAMONT, ROBERT S  
1 BISCAYNE TOWER #3550  
2 SO BISCAYNE BLVD  
MIAMI FL 33131

4. FEI Number      59-2123001      Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

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.

SIGNATURE      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) ☒

**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.      ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

T	<input type="checkbox"/> Delete
PEDRAJO MARIA	
1893 SW 10TH ST	
MIAMI FL	
DPS	<input type="checkbox"/> Delete
PEDRAJO MARIA	
1893 SW 10TH ST	
MIAMI FL	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      2/18/2000      (305) 643-9733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      De Facto Phone #  
MARIA PEDRAJO

CR2E034 (9/99)