

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47084

1. Entity Name

PIZARRO TRADING GROUP, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90022 003 ***150.00

Principal Place of Business

Mailing Address

201 SEVILLA AVE. STE 308A
PO BOX 143645
CORAL GABLES FL 33134

201 SEVILLA AVE. STE 308A
PO BOX 143645
CORAL GABLES FL 33134-6616

2. Principal Place of Business

P.O. BOX # 143225

3. Mailing Address

P.O. BOX # 143225

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

Zip

33134.

Country

4. FEI Number

59-2738275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIZZARO, GLORIA
~~201 SEVILLA AVENUE~~
~~SUITE 308A~~
~~CORAL GABLES FL 33134~~

Name GLORIA RUIVAL

Street Address (P.O. Box Number is Not Acceptable)
3820 EL PRADO BLVD

COCONUT GROVE FL

City FLORIDA

FL

Zip Code

33133

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete
NAME DE PIZARRO, GLORIA
STREET ADDRESS 3820 EL PRADO BLVD
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(X) 2/18/00 (305) 444-7490

CR2E034 (9/99)