

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001813

1. Entity Name

PACO GROUP, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90054 038 ***158.75

Principal Place of Business 2 WORLD TRADE CENTER SUITE 1834 NEW YORK NY 10048	Mailing Address 2 WORLD TRADE CENTER SUITE 1834 NEW YORK NY 10048-1898
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5001 SW 74th CT 200 Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33155	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3113623	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OTERO, FRANK 5001 SW 74TH CT STE 200 MIAMI FL 33155	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) ☐	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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO OTERO, FRANK 1717 N BAYSHORE DR #3240 MIAMI FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7, 00

Date

305-666-3456

Daytime Phone #