## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

dress, with

OR PRINTED NAME OF

SIGNATURE:

## DOCUMENT #

F96000001813

1. Entity Name

PACO GROUP, INC.



FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90065 022 \*\*\*158.75 Principal Place of Business Mailing Address 261 5TH AVENUE 5001 SW 74TH CT SHITE 701 203 NEW YORK NY 10016 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 11-3113623 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OTERO, FRANK ---Street Address (P.O. Box Number is Not Acceptable) 5001 SW 74TH CT **STE 200 MIAMI FL 33155** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatu and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** ☐ Delete CR2E034 (10/02) TITLE ☐ Change ☐ Addition NAME OTERO, FRANK NAME STREET ADDRESS 1717 N BAYSHORE DR #3240 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME 4 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 10 or Block 11 if