

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

DOCUMENT # K 81553

1. Entity Name

Pilar Enterprises Inc.

FILED

02 OCT 29 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10381 South West 186 Street

3. Mailing Address

P.O. Box 940906

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami Florida

Zip
33197

Country
Date

Zip
33194

Country
Date

4. FEI Number

65-0121143

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Southwest Accounting**

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

10381 SW 186 Street 2nd Floor

City **Miami**

FL

Zip Code
33197

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Attended UBR is \$51.25

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.S
Noel Lopez
P.O.Box 940906 Miami Fl, 33194**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V.T
Maria Del Pilar Alfoso Lopez
P.O.Box 940906 Miami Fl. 33194**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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100008641151
10/29/02--01015--046 **158.75

**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)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/26/02

(786) 326-2428

Date

Daytime Phone #

CR2E034B (12/01)

PiAr EnTerprises Inc.

10381 Southwest 186 Street, Miami Florida, 33197

Office (786) 326 - 2428

Efax (208) 728 - 1691

24Pil@bellsouth.net

September 26, 2002

Department of State
Division of State
409 East Gaines Street
Tallahassee, FL 32399

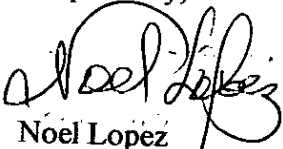
Re: Business Annual Report
Pilar Enterprises Inc.
Document # K 81553

To whom it may Concern:

Through this letter we would like to request waiving of late fee filling on Millennium International Realty Inc., due to the fact that we moved and the form were not forwarded to the new location by the postal service. As a result of the moving activities we counted on the postal services to provided us with the reminder notice.

Your assistance in this matter would be greatly appreciated.

Respectfully,



Noel Lopez
Pilar Enterprises Inc.

and the company's request
the board's request was a result of the company's request on the board's request to be placed as
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