

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

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90083 013 ***150.00

DOCUMENT # K81553

1. Entity Name

PILAR ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10381 S.W. 186 STREET

3. Mailing Address

P.O. Box 940906

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

Miami, Florida

4. FEI Number

65-0121143

Applied For

Not Applicable

Zip

33194

Country

DADW

Zip

33194

Country

Dade

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 Southwest 186 Street

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

06/24/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PS
LOPEZ, NOEL
P.O. BOX 940906
MIAMI, FLORIDA 33194**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VT
LOPEZ, MARIA P.
P.O. BOX 940906
MIAMI, FLORIDA 33194**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/24/2003

Date

(786)326-2428

Daytime Phone #

CR2E034B (12/02)

Attachment # 80138838
PiLaR EnTerprises Inc.

10381 Southwest 186 Street, Miami Florida, 33197

Office (786) 326 - 2428

Efax (208) 728 - 1691

24Pil@bellsouth.net

June 24, 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 Pilar Enterprises Inc., due to the fact we did not receive the renewal form sent by your office every year as a reminder..

Your assistance in this matter would be greatly appreciated.

Respectfully,


Noel Lopez
Pilar Enterprises Inc.