

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07400

1. Entity Name
PAGALINE INTERNATIONAL CORPORATION

Principal Place of Business

7370 NW 36 ST
~~325 F~~
MIAMI FL 33166
US

Mailing Address

7370 NW 36 ST
325-F
MIAMI FL 33166
US

2. Principal Place of Business

Suite, Apt. #, etc.
374

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0137940**

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

GONZALEZ-AGUIAR, JUAN C.
6850 CORAL WAY STE 204
MIAMI FL 33155

Name

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

14250 SW 152 PL

City

MIAMI

FL

Zip Code
33196

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 of typed or printed name of registered agent and title if applicable.

Registered Agent

(NOTE: Registered Agent signature required when reinstating)

4-14-01

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, 2001 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 ☐ Delete
NAME **PD**
STREET ADDRESS **GOMEZ, NELSON**
CITY-ST-ZIP **16100 GOLF CLUB ROAD APT#108**
FORT LAUDERDALE FL 33326

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GOMEZ, NELSON JR.**
CITY-ST-ZIP **CALLE 50, SENORIAL 50 4B**
CIUDAD PANAMA, PANAMA

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ARIAS DE GOMEZ**
CITY-ST-ZIP **CALLE 50, SENORIAL 50 4B**
CIUDAD PANAMA, PANAMA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nelson G. Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson G. Gomez - President

4-14-01

Date

305
593-7040

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)