

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90003 028 ***550.00

DOCUMENT # L17828

1. Entity Name
PIOS & SONS ENTERPRISES, INC.

Principal Place of Business

**9316 COLLINS AVE
 SURFSIDE FL 33154
 US**

Mailing Address

**9316 COLLINS AVE
 SURFSIDE FL 33154
 US**

2. Principal Place of Business

320 Atlantic Ave

3. Mailing Address

320 Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles FL

City & State

Sunny Isles FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number **65-0198879**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ORTIZ, HECTOR M
 9316 COLLINS AVE
 SURFSIDE FL 33154**

7. Name and Address of New Registered Agent

Name

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

320 Atlantic Ave.

City

Sunny Isles

FL

Zip Code

33160

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, 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) ☒

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **ORTIZ, HECTOR M**
 STREET ADDRESS **320 ATLANTIC AVENUE**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02 (305)919-9662

Date

Daytime Phone #

CR2E034 (4/02)