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

Mailing Address 320 ATLANTIC AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

## L17828 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

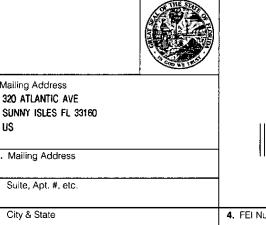
Suite, Apt. #, etc.

City & State

Zip

320 ATLANTIC AVE SUNNY ISLES FL 33160

PIOS & SONS ENTERPRISES, INC.



## FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90096 013 \*\*\*150.00

22004288



ORTIZ, HECTOR M 320 ATLANTIC AVE SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent		
Name		
•		
Street Address (P.O. Box Number is Not Acceptable)		
City	FI	Zip Code
id office or registered agent, or both, in the State of Florida	l am fan	niliar with, and accept

9. Election Campaign Financing

8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.

Country

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

6. Name and Address of Current Registered Agent

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

\$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F ☐ Addition ☐ Change ORTIZ, HECTOR M NAME NAME 320 ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNNY ISLES FL 33160 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 if 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 entirphyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DITLE

NAME

☐ Delete

☐ Change

■ Addition