

2001 UNIFORM BUSINESS REPORT (UBR)

0009626 AF

DOCUMENT # L97000000298

1. Entity Name
PAE OF FLORIDA, L.C.

FILED

01 JUN 18 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2101 CORAL WAY
MIAMI FL 33145

Mailing Address
2101 CORAL WAY
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0735136

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARRAMUNT, LUIS
80 SW 89TH ST., SUITE 2077
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name CARLOS M. PAZOS

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

299 ALHAMBRA CIR. SUITE 203

City CORAL GABLES

FL

Zip Code 33134

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

Carlos M. Pazos CARLOS M. PAZOS

4/13/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME ARS CISORIA MADRILENA, S.L.
STREET ADDRESS 2101 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE MGRM
NAME GONZALEZ, EMILIO LOPEZ
STREET ADDRESS 2101 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Carlos M. Pazos CARLOS M. PAZOS

4/25/01

(305) 443-5719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)