

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M27661 (1)

1. Entity Name Motel P.M., Inc.

FILED
00 OCT 18 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 900 S.W. 84TH Ave, Apt. #514
Miami, FL. 33144

Mailing Address

2. Principal Place of Business 900 S.W. 84TH Avenue
Suite, Apt. #, etc. Apt. # 514
City & State Miami, FL.
Zip 33144 Country USA

3. Mailing Address 900 S.W. 84TH Avenue
Suite, Apt. #, etc. Apt. # 514
City & State Miami, FL.
Zip 33144 Country USA

REINSTATEMENT (DO NOT WRITE IN THIS SPACE)

4. FEI Number 59-2638430 **Applied For** ☐ **Not Applicable** ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CARDENAS, PEDRO P/S/O
900 S.W. 84TH Ave, Apt. #514
Miami, FL. 33144

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Pedro Cardenas, Pedro CARDENAS, Pres 10-16-2000
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. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P/S/O	<input type="checkbox"/> Delete
NAME	CARDENAS, PEDRO	
STREET ADDRESS	900 S.W. 84 TH Ave, Apt. #514	
CITY-ST-ZIP	MIAMI, FL. 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Pedro Cardenas, Pedro CARDENAS, Pres. 10-16-2000 (786)-388-9101
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR20034 (9/99)