

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90056 009 \*\*\*158.75

**DOCUMENT # M59654**

1. Entity Name

**P.E.C.O. ENTERPRISES INC.**

Principal Place of Business

Mailing Address

705 NW 177 AVE.  
 PEMBROKE PINES FL 33029  
 US

P.O. BOX 820265  
 SOUTH FLORIDA FL 33082-0265  
 US

2. Principal Place of Business

3. Mailing Address

2400 WEST 84 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 12

City & State  
 HIALEAH, FL

City & State

4. FEI Number

65-0012322

Applied For

Not Applicable

Zip  
 33016

Country  
 USA

Zip

Country

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

HERMIDA, MERCEDES  
 705 NW 177TH AVE.  
 PEMBROKE PINES FL 33029

Name  
 HERMIDA, MERCEDES

Street Address (P.O. Box Number is Not Acceptable)  
 2400 WEST 84 STREET

SUITE 12

City  
 HIALEAH

FL

Zip Code  
 33016

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, 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 \$150.00**  
**After MAY 1, 2000 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 PS  Delete  
 NAME HERMIDA, MERCEDES  
 STREET ADDRESS 705 NW 177TH AVE.  
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE PS  Change  Addition  
 NAME HERMIDA, MERCEDES  
 STREET ADDRESS 2400 WEST 84 STREET, SUITE 12  
 CITY-ST-ZIP HIALEAH, FL 33016

TITLE VPT  Delete  
 NAME HERMIDA, CARLOS L.  
 STREET ADDRESS 705 NW 177TH AVE.  
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE VPT  Change  Addition  
 NAME HERMIDA, CARLOS L.  
 STREET ADDRESS 2400 WEST 84 STREET, SUITE 12  
 CITY-ST-ZIP HIALEAH, FL 33016

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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TITLE  Change  Addition  
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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 life empowered.

SIGNATURE:

*Mercedes Hermida*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00  
 Date

(305) 827-0660  
 Daytime Phone #

CR2E034 (9/99)