

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90501 016 ***150.00

DOCUMENT # P00000002194

1. Entity Name
P.A. INTERNATIONAL GROUP, CORP.

Principal Place of Business Mailing Address
6821 S.W. 147TH AVE #3E **6821 S.W. 147TH AVE #3E**
MIAMI FL 33193 **MIAMI FL 33193**

C0042135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0974779		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RIOS, LEOPOLDO 1800 WEST 49TH STREET SUITE 207 HIALEAH FL 33012				Name DANIEL ALABACI					
				Street Address (P.O. Box Number is Not Acceptable) 6821 SW 147th Ave #3E					
				City MIAMI		State FL		Zip Code 33193	

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 *Daniel Alabaci* **Daniel Alabaci, President** April 5, 2001
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, 2001 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALABACH, DANIEL A		NAME	Daniel A. Alabaci	
STREET ADDRESS	6821 S.W. 147TH AVE #3E		STREET ADDRESS	6821 SW 147th Ave #3E	
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP	Miami, Florida 33193	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALABACH, MIRNAYA		NAME		
STREET ADDRESS	6821 S.W. 147TH AVE #3E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Treasury & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALABACI, MIRNAYA		NAME		
STREET ADDRESS	6821 S.W. 147TH AVE #3E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALABACI, DANIELA		NAME		
STREET ADDRESS	6821 S.W. 147TH AVE #3E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Daniel Alabaci* **Daniel Alabaci, President** April 5, 2001 (305) 380-0690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0238819

CR2E034 (10/00)