

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015346

1. Entity Name

P & D SERVICES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90062 035 ***150.00

Principal Place of Business 7875 BIRD ROAD SUITE 224 MIAMI FL 33155	Mailing Address 7875 BIRD ROAD SUITE 224 MIAMI FL 33155
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2. Principal Place of Business 7875 S.W. 40th Street	3. Mailing Address
Suite, Apt. #, etc. Suite 211	Suite, Apt. #, etc.
City & State Miami, FL 33155	City & State
Zip 33155	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0982930		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PINA, JULIAN 1009 COLUMBUS BLVD CORAL GABLES FL 33134		
7. Name and Address of New Registered Agent Name Julian Pina-Puchaux Street Address (P.O. Box Number is Not Acceptable) 1009 Columbus Blvd. Coral Gables, FL 33134 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 *Julian Pina-Puchaux* **03/16/01**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLS, MARIA C 5910 S.W. 148TH AVENUE MIAMI FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASTELLS, MARIA C. 5910 S.W. 148TH AVENUE MIAMI, FL. 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIA D. PORTALES 5600 S.W. 149 AVENUE MIAMI FL. 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Julian Pina-Puchaux* **03/16/01** **(305) 260-9240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0191897

CR2E034 (10/00)