

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90082 029 ***150.00

DOCUMENT #

P00000015346

1. Entity Name

P&D SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7875 SW 40 Street

Suite, Apt. #, etc.

Suite 211

City & State

Miami, FL 33155

Zip

33155

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0982930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JULIAN PINA

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

1009 Columbus Blvd.

Coral Gables, FL 33134

City

Coral Gables, FL 33134

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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, President

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President

Julian Pina

1009 Columbus Blvd.

Coral Gables, FL 33143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President

Julian Pina-Puchaux

10843 NW 7 Street, Unit 21

Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Director

Maria Portales

5600 S.W. 149 Avenue

Miami, FL 33193

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2002 (305) 260-9240