

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90222 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000040814

1. Entity Name
PAKO CORPORATION



Principal Place of Business
2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

Mailing Address
2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

2. Principal Place of Business
95 MERRICK WAY
Suite, Apt. #, etc.
SUITE 440

3. Mailing Address
95 MERRICK WAY
Suite, Apt. #, etc.
SUITE 440

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number
65-1001532

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLANUEVA, CARLOS
2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

Name
LUIS F. DE LA CRUZ, JR.
Street Address (P.O. Box Number is Not Acceptable)
95 MERRICK WAY
SUITE 440
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Luis F. De la Cruz, Jr.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

4/2/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
VILLANUEVA, CARLOS ☒ Delete
2100 PONCE DE LEON BLVD. - SUITE 600
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
FRANCISCO BOMBARDO NAVINES ☐ Change ☐ Addition
95 MERRICK WAY, SUITE 440
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Bombardo Navines

Date

Daytime Phone #

4/2/03

CR2E034 (10/02)