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

## FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90222 033 \*\*\*150.00

B. The above named entity submits the platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the obligations of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the obligations of registered agent and title 7 applicable.  SIGNATURE  Suprature, hyped or printed grant of abustined agent and title 7 applicable.  (NOTE: Registered Agents ignature required when reinsuring)  DATE  After May 1, 2003 Fee: will be \$550.00	DOCUMENT # P000000408  1. Entity Name PAKO CORPORATION	14			
SUITE 440 SUITE 540 SUITE	2100 PONCE DE LEON BLVD. SUITE 600	2100 PONCE DE LEON BL SUITE 600			
SUITE 440  SUITE 440  City & State  CORAL GABLES, FL.  2D Country  USA  STORMAN Address of Current Registered Agent  VILLANUEVA, CARLOS  200 PONCE DE LEON BLVD,  SUITE 400  CORAL GABLES, FL 33134  SUITE 440  CORAL GABLES, FL 35134  SUITE 440  DEER  MAKE  SUITE 440  SUITE 440  CORAL GABLES, FL 35134  SUITE 440  DEER  MAKE  SUITE 440  SUITE 440  CORAL GABLES, FL 35134  SUITE 440  DEER  MAKE  SUITE 440  SUITE 440  CORAL GABLES, FL 35134  SUITE 440  DEER  MAKE  SUITE 440  SUITE 440  SUITE 440  SUITE 440  SUITE 440  CORAL GABLES  SUITE 440  S			WAY		
CORAL GABLES FL Country 27p	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF	MAKING CHANGES
S. Name and Address of Current Registered Agent  VILLANUEVA, CARLOS 2100 POINCE DE LEON BLVD. SITTE 400  CORAL GABLES, FL 33134  SUITE 600  CORAL GABLES, FL 33134  SIGNATURE  SUITE 600  After May 1, 2003 Fee Mill by \$56 00  Make Check Payable National Control of Delege Mills \$56 00  Make Check Payable National Control of Delege Mills \$65 00  Make Check Payable National Control of Delege Mills \$65 00  Make Check Payable National Control of Delege Mills \$65 00  Make Check Payable National Control of Delege Mills \$65 00  Make Check Payable National Control of Delege Mills \$65 00  Make Check Payable National Control of Delege Mills \$65 00  Make Check Payable National Control of Delege Mills \$65 00  Make Check Payable National Control of Delege Mills \$65 00  Make Signature National Control of Delege Mills \$65 00  Make Check Payable National Control of Delege Mills \$65 00  Make Signature National Control of Delege Mill	CORAL/GABLES, FL	CORAL GABLES.		4. FEI Number 65-1001532	Applied For Not Applicable
VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD. SUTTE 800 CCRAL GABLES, FL 33134  SUTTE 440  Cty CORAL GABLES FI  8. The above named entity guarants fine statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorda. I am the obligations of registered agent, or both in the State of Fiorda. I am the obligations of registered agent, or both in the State of Fiorda. I am the obligations of registered agent, or both, in the State of Fiorda. I am the obligations of registered agent, or both, in the State of Fiorda. I am the obligations of registered agent, or both, in the State of Fiorda. I am the obligations of registered agent, or both, in the State of Fiorda. I am the obligations of registered agent, or both, in the State of Fiorda. I am the obligations of registered agent, or both, in the State of Fiorda. I am the obligations of registered agent, or both, in the State of Fiorda. I am the obligations of registered agent, or both, in the State of Fiorda. I am the obligation of registered agent, or both, in the State of Fiorda. I am the obligation of registered agent, or both, in the State of Fiorda. I am the obligation of registered agent, or both, in the State of Fiorda. I am the obligation of registered agent, or both, in the State of Fiorda. I am the obligation of registered agent, or both, in the State of Fiorda. I am the obligation of registered agent, or both, in the State of Fiorda. I am the obligation of registered agent, or both, in the State of Fiorda. I am the obligation of registered agent, or both, in the State of Fiorda. I am the obligation of the State of Fiorda. I am the obligation of the State of Fiorda. I am and the state of Fiordal agent, or both in the State of Charles and I had my obligation of the State of Charles and I had my obligation of the State of Charles and I had my obligation of the State of Charles agent, or both in the State of Charles and I had my obligation of Charles agent, or both in the State of Charles agent of Charles and I had m	-33134 USA -	33134 —	•		— Fee Required
SIGNATURE  Status, 19,040 Proceeding and Agents and Locate  FILICATOWITE FEET ISS 16 ADD.  After May V. 2003 Fee will be \$550.00 P.  Make: Check Payable No. Florida Department of State  10. OFFICERS AND DIRECTORS  11. DADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. DATE AND DATE OFFICERS AND D	VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134		Street Aggres SUI'	S F. DE LA CRUZ, JR s (P.O. Box Number is Not Acceptable) MERRICK WAY  TE 440  AL GABLES	FL Zip Code
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME VILLANUEVA, CARLOS VILLANUEVA, CARLOS VILLANUEVA, CARLOS VILLANUEVA, CARLOS VILLANUEVA, CARLOS VILLANUEVA, CARLOS CITY-S1-2P  11. Delete VILLANUEVA, CARLOS SIRRET ADDRESS CITY-S1-2P  11. Delete VILLANUEVA, CARLOS VILLANUEVA, SUITE 440 CORAL GABLES, FL 33134  10. Delete VILLANUEVA, CARLOS VILLANUEVA, SUITE 440 CORAL GABLES, FL 33134  10. Delete VILLANUEVA, CARLOS VILLANUEVA, SUITE 440 CORAL GABLES, FL 33134  10. Delete VILLANUEVA, CARLOS VILLANUEVA, SUITE 440 CORAL GABLES, FL 33134  10. Delete VILLANUEVA, CARLOS VILLANUE	SIGNATURE  Statume, typed or printed garbe of statement and argument and FILENOWIII. FEE IS: \$150,00.  After May 1, 2003 Fee will be \$559,00.	Luis & De	la Cruz	9. Election Campaign Fina	# 2 0 3 ancing _ \$5.00 May Be
STREET ADDRESS CITY-ST-2P CORAL GABLES, FL 33134  TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAM	10. OFFICERS AND D	PIRECTORS	TITLE DI	PS	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP  TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME	STREET ADDRESS 2100 PONCE DE LEON BLVD S	UITE 600	STREET ADDRESS 9:	MERRICK WAY, SUITE	E 440
NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS	namé Street adoress	☐ Delete	NAMÉ STHEET ADDRESS		☐ Change ☐ Addition
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NAME  STREET ADDRESS  CITY-S1-2P  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 ce indicated on this report or supplier with the same legal effect as if made under oath: that i	NAME Street address	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
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 t	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
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	indicated on this report or subplemental report is to of the corporation or the receiver or trustee empowed changed, or on an attachment with an address, with the subplemental subplemental subplemental report is to offer the corporation of t	rue and accurate and that meeted to execute this report a this all other like empowered.	y signature shall have the strength of the str	e same legal effect as if made under or	ath: that I am an officer or director