

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90977 045 ***150.00

DOCUMENT # P00000052920

1. Entity Name

GRUPO PAMPARO, CORP.

Principal Place of Business

18459 PINES BLVD. SUITE 342
PEMBROKE PINES FL 33029

Mailing Address

18459 PINES BLVD. SUITE 342
PEMBROKE PINES FL 33029

2. Principal Place of Business

4995 NW 79th AV.

3. Mailing Address

4995 NW 79th AV

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

109

City & State

Miami Florida

City & State

Miami Florida

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-1012213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOVAR, ILEANA ARIAS ESQ
9900 STIRLING ROAD SUITE 240
COOPER CITY FL

Name

TOVAR, ILEANA ARIAS

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

1725 Main ST.

Suite 205

City

Weston

FL

Zip Code

33326

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

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)

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	D	☐ Delete
NAME	PASTRAN, NORA AGUERO	
STREET ADDRESS	18459 PINES BLVD. SUITE 342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	☐ Delete
NAME	PASTRAN, PEDRO AGUERO	
STREET ADDRESS	18459 PINES BLVD. SUITE 342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	☐ Delete
NAME	RODRIGUEZ, MARY AGUERO	
STREET ADDRESS	18459 PINES BLVD. SUITE 342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	☐ Delete
NAME	RODRIGUEZ, ANA AGUERO	
STREET ADDRESS	18459 PINES BLVD. SUITE 342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	P	☐ Delete
NAME	MATUTE, PEDRO AGUERO	
STREET ADDRESS	18459 PINES BLVD. SUITE 342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	☐ Delete
NAME	PASTRAN, YAJAIRA AGUERO	
STREET ADDRESS	18459 PINES BLVD. SUITE 342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	4995 NW 79th AV. suite 109
CITY-ST-ZIP	Miami FL 33178
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	4995 NW 79th AV suite 109
CITY-ST-ZIP	Miami FL 33178
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	4995 NW 79th AV. Suite 109
CITY-ST-ZIP	Miami FL 33178
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	4995 NW 79th AV suite 109
CITY-ST-ZIP	Miami FL 33178
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	4995 NW 79th AV. Suite 109
CITY-ST-ZIP	Miami FL 33178

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)