

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90143 030 ***150.00

DOCUMENT # P00000055366

1. Entity Name
PINO KAOBA & ASSOCIATES, INC.



Principal Place of Business
1356 SW 8TH ST #202
MIAMI FL 33135

Mailing Address
1356 SW 8TH ST #202
MIAMI FL 33135



2. Principal Place of Business

3. Mailing Address

13780 S.W 56 Street

Suite, Apt. #, etc.
Suite 220

City & State
Miami, Florida

Zip
33175

Country

6. Name and Address of Current Registered Agent

PINO, PATRICIA H
13360 SW 25 ST
MIAMI FL 33175

4. FEI Number
65-1010097

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

7. Name and Address of New Registered Agent

Name

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

13780 Sw 56 st Suite 220

City **Miami** **FL** **Zip Code** **33175**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **PINO, PATRICIA H**
STREET ADDRESS **1356 SW 8TH ST #202**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **D** ☐ **Delete**
NAME **PINO, ERNESTO R**
STREET ADDRESS **1356 SW 8TH ST #202**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **13780 S.W 56 street # 220**
CITY-ST-ZIP **Miami, Fla 33175**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **13780 Sw 56 street # 220**
CITY-ST-ZIP **Miami, Fla 33175**

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NAME
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CITY-ST-ZIP

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

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: *Patricia H. Pino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03 **305**
385-5132
Date **Daytime Phone #**

CR2E034 (10/02)