

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90190 031 ***159.00

DOCUMENT # P00000055936

1. Entity Name
PAZ BAIL BONDS, INC.

Principal Place of Business
 1629 N.W. NORTH RIVER DR., #504
 MIAMI FL 33125

Mailing Address
 1629 N.W. NORTH RIVER DR., #504
 MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2200 NW 11 ST
 Suite, Apt. #, etc.

3. Mailing Address
 2200 NW 11 ST
 Suite, Apt. #, etc.

City & State
 MIAMI FL.
 Zip
 33125
 Country
 DAD

City & State
 MIAMI FL.
 Zip
 33125
 Country
 U.S.

4. FEI Number 65-1017467 ☒ Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PAZ, DANIEL
 1629 N.W. NORTH RIVER DR., #504
 MIAMI FL 33125

7. Name and Address of New Registered Agent

Name PAZ DANIEL
 Street Address (P.O. Box Number is Not Acceptable)
 2200 NW 11 ST
 City MIAMI FL Zip Code 33125

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 *Daniel Paz* DATE 04-26-02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PAZ, DANIEL 1629 NW NORTH RIVER DRIVE #504 MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PAZ DANIEL 2200 NW 11 ST MIAMI FL 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Daniel Paz* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-02 305-3251234
 Date Daytime Phone #

0102427 2/1

CR2E034 (9/01)