

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90021 015 ***550.00

DOCUMENT # P00000076420

1. Entity Name
LAW OFFICES OF PASTOR & ASSOCIATES, P.A.

Principal Place of Business
1110 BRICKELL AVENUE SUITE 407
MIAMI FL 33131

Mailing Address
1110 BRICKELL AVENUE SUITE 407
MIAMI FL 33131

2. Principal Place of Business
301 SW 17 Rd
 Suite, Apt. #, etc.
Second Floor

3. Mailing Address
301 SW 17 Road
 Suite, Apt. #, etc.
Second Floor

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-106 2201

Applied For
 Not Applicable

Zip
33129 Country
U.S.A.

Zip
33129 Country
U.S.A.

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

6. Name and Address of Current Registered Agent

PASTOR, CARLOS
1110 BRICKELL AVENUE SUITE 407
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
CARLOS PASTOR
 Street Address (P.O. Box Number is Not Acceptable)
301 SW 17 Road
Second Floor
 City
Miami FL Zip Code
33129

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
9/6/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
PD
 NAME
PASTOR, CARLOS
 STREET ADDRESS
1110 BRICKELL AVENUE SUITE 407
 CITY-ST-ZIP
MIAMI FL 33131

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
Pastor, Carlos
 STREET ADDRESS
301 SW 17 Road, 2nd Floor
 CITY-ST-ZIP
Miami, FL 33

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ 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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01
 Date

(305) 856 5777
 Daytime Phone #

CR2E034 (5/01)