

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90013 009 ***150.00

DOCUMENT # P00000094652

1. Entity Name

PACHERA'S INC.

Principal Place of Business

**7120 NW 11TH PL
 PLANTATION FL 33313**

Mailing Address

**7120 NW 11TH PL
 PLANTATION FL 33313**

2. Principal Place of Business

1411 SW 30 Ave

3. Mailing Address

7120 NW 11 PL

Suite, Apt. #, etc.

Pompano Beach

Suite, Apt. #, etc.

Plantation

City & State

Florida

City & State

Florida

Zip

33069

Country

Broward

Zip

33313

Country

Broward

4. FEI Number

65-1045122

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PACHERA, JOSEPH
 7120 NW 11TH PL
 PLANTATION FL 33313**

7. Name and Address of New Registered Agent

Name **Pachera, John**

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

7120 NW 11 PL

Plantation FL 33313

City

FL

Zip Code

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

Joseph Pachera

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/02

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 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PACHERA, JOSEPH	
STREET ADDRESS	7120 NW 11TH PL	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PACHERA, JOHN	
STREET ADDRESS	7120 NW 11TH PL	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pachera, John	
STREET ADDRESS	7120 NW 11 PL	
CITY-ST-ZIP	Plantation FL 33313	
TITLE	Pachera, Joseph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7120 NW 11 PL	
STREET ADDRESS	Plantation	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joseph Pachera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6/02

Date

954-777-9845

Daytime Phone #

CR2E034 (9/01)