

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91791 046 \*\*\*150.00

0243913 AV

**DOCUMENT # P00000110959**

**1. Entity Name**  
**PABLO CROCE, INC.**



**Principal Place of Business**  
**8010 WEST DRIVE**  
**373**  
**MIAMI FL 33141**

**Mailing Address**  
**8010 WEST DRIVE**  
**373**  
**MIAMI FL 33141**

**2. Principal Place of Business**

**3. Mailing Address**

**7601 E. TREASURE DR**

**7601 E. TREASURE DR**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**406**

**406**

**City & State**

**City & State**

**NORTH BAY VILLAGE, FL**

**NORTH BAY VILLAGE, FL**

**Zip**

**Country**

**Zip**

**Country**

**33141**

**USA**

**33141**

**USA**

**4. FEI Number 65-1059035**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

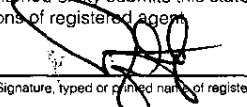
**7. Name and Address of New Registered Agent**

**CROCE, PABLO**  
**5401 COLLINS AVENUE #1522**  
**MIAMI BEACH FL 33140**

**Name**  
**CROCE, PABLO**  
**Street Address (P.O. Box Number is Not Acceptable)**

**7601 E. TREASURE DR #406**  
**City NORTH BAY VILLAGE FL Zip Code 33141**

**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

**4/27/2003**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PVST**  
**CROCE, PABLO**  
**8010 WEST DRIVE #373**  
**MIAMI FL 33141** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PVST**  
**CROCE, PABLO**  
**7601 E. TREASURE DR #406**  
**N. BAY VILLAGE FL 33141** ☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**CROCE, PABLO**  
**8010 WEST DRIVE #373**  
**MIAMI FL 33141** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**CROCE, PABLO**  
**7601 E. TREASURE DR #406**  
**N. BAY VILLAGE FL 33141** ☒ Change ☐ Addition

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

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

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

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**CITY-ST-ZIP** ☐ Change ☐ Addition

**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/2003 784234407**

Date

Daytime Phone #

CR2E034 (10/02)