

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117781

1. Entity Name

PACIFIC CHEMICAL GROUP, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90042 026 \*\*\*150.00

Principal Place of Business

5465 N.W. 72ND AVENUE  
MIAMI FL 33166

Mailing Address

5465 N.W. 72ND AVENUE  
MIAMI FL 33166

2. Principal Place of Business

9292 N.W. 101 ST.

3. Mailing Address

9292 N.W. 101 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1065065

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CERVANTES, LUIS M  
5465 N.W. 72ND AVENUE  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name CERVANTES, LUIS M.

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

9292 NW 101 ST.

City

Miami

FL

Zip Code

33178

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. 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, 2001 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          | PD                    | <input type="checkbox"/> Delete |
| NAME           | CERVANTES, LUIS M     |                                 |
| STREET ADDRESS | 5465 N.W. 72ND AVENUE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166        |                                 |
| TITLE          | SD                    | <input type="checkbox"/> Delete |
| NAME           | CAMBLOR, ANTONIO      |                                 |
| STREET ADDRESS | 5465 N.W. 72ND AVENUE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166        |                                 |
| TITLE          | SD                    | <input type="checkbox"/> Delete |
| NAME           | CERVANTES, MARIA L.   |                                 |
| STREET ADDRESS | 9292 NW 101 ST        |                                 |
| CITY-ST-ZIP    | Miami FL 33178        |                                 |
| 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          | PD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CERVANTES, LUIS M.  |                                                                              |
| STREET ADDRESS | 9292 NW 101 ST.     |                                                                              |
| CITY-ST-ZIP    | Miami FL 33178      |                                                                              |
| TITLE          | SD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CAMBLOR, ANTONIO    |                                                                              |
| STREET ADDRESS | 9292 NW 101 ST      |                                                                              |
| CITY-ST-ZIP    | Miami FL 33178      |                                                                              |
| TITLE          | SD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CERVANTES, MARIA L. |                                                                              |
| STREET ADDRESS | 9292 NW 101 ST      |                                                                              |
| CITY-ST-ZIP    | Miami FL 33178      |                                                                              |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)