

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90083 025 ***550.00

DOCUMENT # P01000005849

1. Entity Name
PINEDA BROTHERS, INC.

Principal Place of Business

~~2040 S.W. 104TH AVENUE~~
~~MIAMI FL 33175~~

Mailing Address

~~2040 S.W. 104TH AVENUE~~
~~MIAMI FL 33175~~

2. Principal Place of Business

8271 SW 33 Terrace

3. Mailing Address

8271 SW 33 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1123234

Applied For

Not Applicable

Zip

Country

33155

Zip

Country

33155

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~PINEDA, XAVIER~~
~~13400 S.W. 20 ST.~~
~~MIAMI FL 33175~~

7. Name and Address of New Registered Agent

Name **Pineda Edwin**

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

8271 SW 33 Terrace

City **MIAMI**

FL

Zip Code **33155**

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

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 13, 2002 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 **D** ☐ Delete
 NAME **PINEDA, EDWIN**
 STREET ADDRESS **P.O. BOX 940402**
 CITY-ST-ZIP **MIAMI FL 33194**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **PINEDA EDWIN**
 STREET ADDRESS **8271 SW 33 Terrace**
 CITY-ST-ZIP **MIAMI FL - 33155**

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNED AND REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 09-09-02 (486) 295-4310

Date

Daytime Phone #

CR2E034 (4/02)