

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90196 018 ***150.00

DOCUMENT # P01000015432

1. Entity Name
PILAR INVESTMENTS, INC.



Principal Place of Business
**88 BRICKELL AVE. 5TH FLOOR
MIAMI FL 33131**

Mailing Address
**88 BRICKELL AVE. 5TH FLOOR
MIAMI FL 33131**

2. Principal Place of Business

**9450 S.W. 72 ST
Suite, Apt. #, etc.
103**

3. Mailing Address

**9450 SW 72 ST
Suite, Apt. #, etc.
103**

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1081342

Applied For
Not Applicable

Zip
33173

Country
U.S.A.

Zip
33173

Country
U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAEZ, PEDRO P
88 BRICKELL AVE, 5TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
RALPH M. SERRANO
Street Address (P.O. Box Number is Not Acceptable)

**9450 SW 72 ST. #103
City MIAMI FL Zip Code 33173**

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]* **RALPH M. SERRANO**

2/18/03

DATE

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
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DE FERNANDEZ, IMELDA MOTA**
STREET ADDRESS **17 AVE 10-73 ZONA 15 VH III**
CITY-ST-ZIP **GUATEMALA CITY GUATEMALA CA**

TITLE **PRESIDENT SECRETARY** ☒ Change ☐ Addition
NAME **DE FERNANDEZ 2 IMELDA MOTA**
STREET ADDRESS **17 AVE 10-73 ZONA 15 VH III**
CITY-ST-ZIP **GUATEMALA CITY, GUATEMALA**

TITLE **D** ☐ Delete
NAME **FERNANDEZ GARIN, ALFONSO**
STREET ADDRESS **17 AVE 10-73 ZONA 15 VH III**
CITY-ST-ZIP **GUATEMALA CITY GUATEMALA CA**

TITLE **VP** ☒ Change ☐ Addition
NAME **FERNANDEZ GARIN ALFONSO**
STREET ADDRESS **17 AVE 10-73 - ZONA 15 VH III**
CITY-ST-ZIP **GUATEMALA CITY, GUATEMALA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **FERNANDEZ 2 MOTA, CARLA CARINA**
STREET ADDRESS **17 AVE 10-73 ZONA 15 VH III**
CITY-ST-ZIP **GUATEMALA CITY, GUATEMALA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **FERNANDEZ MOTA, MARIA DEL REY**
STREET ADDRESS **17 AVE 10-73 ZONA 15 VH III**
CITY-ST-ZIP **GUATEMALA CITY, GUATEMALA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]* **IMELDA MOTA DE FERNANDEZ** **2/19/03** **305-412-7273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)