2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

RR RRICKELL AVE STU ELOOD

P01000015432 **DOCUMENT #**

1. Entity Name

PILAR INVESTMENTS, INC.

Principal Place of Business

SIGNATURE: N

88 BRICKELL AVE. 5TH FLOOR



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

02-24-2003 90196 018 ***150.00

	2 B B S 1 A T A S
	12 A 2 A 11 E
- 1	(3)
- 1	() ()
- 1	CONTRACTOR OF THE PARTY OF THE
- 1	

MIAMI FL 33131			AI FL 33131	LOOM				
					*	E TRANSPALIA DE CAMALANTA DANA ERUK DANA SAHALANDA BANA SAHALANDA HADI ADAK		
2. Principal Place of		3. Ma	niling Address	<u>_</u>	.			
9450 5. W. 74 57 Suite, Apt. #, etc.			9450 SW 71 ST					
103			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State MIAMI FL			MD4MI FL			=4FEI:Number=65=1081342		
33173	O.S.A	. Zip	Zip Coun 33/73 0.			5. Certificate of Status Desired S8.75 Additional Fee Required		
6.	Name and Address of C	urrent Register	ed Agent			7. Name and Address of New Registered Agent		
SAEZ, PEDRO I	D			Name	144	M SEDANO		
1	ve, 5th floor			Street	Address (F	P.O. Box Number is Not Acceptable)		
MIAMI FL 3313				· cul				
	•			74	so.	SW 71 ST. #103		
City TAME FL Zig Gode 2								
8. The above name the obligations by	d entity submits this state f registered agent.	ment for the purp	oose of changing its	registered office of	or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept		
· . /	SAL I		An Ad A	^ ^ ^ ^	4	, / 2/2		
SIGNATURE	re, tyled or printed name of rigister	ed agent and title if age	Dicable. (NOTE	: Registered Agent signa	Ura required	when reinstating) DATE		
*	IOW!!! FEE IS \$150.			. Trogratore or Tgerit digite	ataro regundo	menternatury) DATE		
1.7	1, 2003 Fee will be \$5					9. Election Campaign Financing \$5.00 May Be		
	ible to Florida Departn					Trust Fund Contribution. Added to Fees		
10.		S AND DIRECTO	PRS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D			Delete	-TITLE		ALM SEXEMENT MOIN - Change - Addition		
	ERNANDEZ, IMELDA 1 Ve 10-73 zona 15 vh			NAME STREET ADDRESS		DANAEZ FINELDY MOUTH IT		
	TEMALA CITY GUATEN			CITY-ST-ZIP		ENTLY COTY GOLTEMANA		
TITLE D	***	·	☐ Delete	TITLE	WAT!	Change Addition		
NAME FERN	IANDEZ GARIN, ALFOI	NSO		NAME		ANDEZ GAMEN ALTONSO.		
STREET ADDRESS 17 AT CITY-ST-ZIP GLIAT	ve 10-73 zona 15 vh Temala City Guaten	 		STREET ADDRESS		VE 10-73- 20104 15 VH III		
TITLE	TEMALA CITT GOATEN	IALA CA		CITY-ST-ZIP		BUSH CTY CLATERALY		
NAME			☐ Delete	TITLE NAME	ATREC	1 A . A . I . A		
STREET ADDRESS				STREET ADDRESS	FEMA	ANDEZ MOTA CARLA CARRA		
CITY-ST-ZIP				CITY-ST-ZIP	and the	ENGLY CENT CHATEMALY		
TITLE			☐ Delete	TITLE	TREAS	SUREC MOTH MARTH DEL ATTACHME Addition WE C-73 ZONA 15 VH 111 EMALY CITY GRATEMARA		
NAME STREET ADDRESS				NAME	FERM	AVOSE MOTH, MALLY DEL REINE /		
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	17 M	VE (C-1) 20NA 15 VH 11		
TITLE			☐ Delete	TITLE	CHAT			
NAME			E belete	NAME		Change Addition		
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP	, , , ,			CITY-ST-ZIP				
NAME	-	_	☐ Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS		. سيست . بي س		STREET ADDRESS		A CONTRACTOR OF THE PROPERTY O		
CITY-ST-ZIP				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.								