2002 UNIFORM BUSINESS REPORT (UBR)

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OCUMENT # P01000029850

Entity Name
ACHECO SERVICES, INC.

FILED

03 MAY -8 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ncipal Place of Business	Mailing Address
99 TODD STREET	4699 TODD STREET
(E WORTH FL 33460	LAKE WORTH FL 33460

500019737705
05/22/03--01046--030 **150.00

Principal Place of Business	3. Mailing Address
462 S.W. MEADOW TER.	462 S.W. MEADOW TER.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ·T St. Lucie, FL	City & State: Port St. Lucie, FL.
Zip: 4984 — Country: USA	Zip: 34984. — Country: USA

DO NOT WRITE IN THIS SPACE

83

4. FEI Number 65-0697900 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: JOSE A. PACHECO
Street Address (P.O. Box Number is Not Acceptable): 462 S.W. MEADOW Terrace
City: PORT ST. LUCIE — FL — Zip Code: 34984

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.

IGNATURE: JOSE A. PACHECO [signature] — 4-23-3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PACHECO, JOSE A 4699 TODD STREET LAKE WORTH FL 33460 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PACHECO JOSE A. 462 S.W. MEADOW TER. PORT ST. LUCIE, FL. 34984 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

3. 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] — 4-23-3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #