

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90083 029 ***150.00

DOCUMENT # P01000080213

1. Entity Name
P.A.T. CONTRACTORS, INC.

Principal Place of Business
1840 CORAL WAY, 4TH FL
MIAMI FL 33145

Mailing Address
1533 NW 91ST AVE, SUITE #713
CORAL SPRINGS FL 33071

2. Principal Place of Business
1533 NW 91st Ave.
 Suite, Apt. #, etc.
7-13

3. Mailing Address
1533 NW 91st Ave
 Suite, Apt. #, etc.
7-13

City & State
Coral Springs, FL
 Zip
33071 Country

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Coral Springs, FL
 Zip
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4. FEI Number
65-1129758

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.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
CEsar O. TORRES
Street Address (P.O. Box Number is Not Acceptable)
1533 NW 91st Ave
Suite #7-13
City **Coral Springs** **FL** **Zip Code** **33071**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME **PD**
STREET ADDRESS **TORRES, CESAR O**
CITY-ST-ZIP **1840 CORAL WAY, 4TH FL**
MIAMI FL 33145

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

TITLE ☐ **Delete**
NAME **SD**
STREET ADDRESS **CHAVES, MARIA T**
CITY-ST-ZIP **1840 CORAL WAY, 4TH FL**
MIAMI FL 33145

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (954) 461 0374

CR2E034 (9/01)