

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90355 016 \*\*\*150.00

0200868 AV

**DOCUMENT # P01000080213**

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



Principal Place of Business  
**1533 NW 91ST AVE**  
**7-13**  
**CORAL SPRINGS FL 33071**

Mailing Address  
**1533 NW 91ST AVE**  
**7-13**  
**CORAL SPRINGS FL 33071**



2. Principal Place of Business  
**7904 Sonoma Springs Cir**

Suite, Apt. #, etc.  
**207**

City & State  
**Lake Worth, FL**

Zip  
**33463**

Country  
**USA**

3. Mailing Address  
**7904 Sonoma Springs Cir**

Suite, Apt. #, etc.  
**207**

City & State  
**Lake Worth, FL**

Zip  
**33463**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

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**

**TORRES, CESAR O**  
**1533 NW 91ST. AVE**  
**SUITE #7-13**  
**CORAL SPRINGS FL 33071**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TORRES, CESAR O</b> <b>1840 CORAL WAY, 4TH FL</b> <b>MIAMI FL 33145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CHAVES, MARIA T</b> <b>1840 CORAL WAY, 4TH FL</b> <b>MIAMI FL 33145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TORRES, CESAR O</b> <b>7904 Sonoma Springs Cir #207</b> <b>Lake Worth, FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CHAVES, MARIA T</b> <b>7904 Sonoma Springs Cir #207</b> <b>Lake Worth, FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**MARIA T CHAVES**

**4/29/03**

Date

Daytime Phone #

CR2E034 (10/02)