

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

DOCUMENT # P01000090621

1. Entity Name PAUFER CORPORATION

05-15-2002 90064 028 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3428 COACHLIGHT DRIVE

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE, FLORIDA

Zip
34741

Country
USA

City & State

Zip

Country

4. FEI Number

59-3744196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WALTER O. MARTINEZ

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

3428 COACHLIGHT DRIVE

City KISSIMMEE

FL

Zip Code 34741

**DO NOT WRITE
IN THIS SPACE**

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

WALTER O. MARTINEZ, Secretary

04/28/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

XX

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
ALEJANDRA N. CHAVERO
3428 COACHLIGHT DRIVE
KISSIMMEE, FLORIDA 34741

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
WALTER O. MARTINEZ
3428 COACHLIGHT DRIVE
KISSIMMEE, FLORIDA 34741

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address with or without like empowered.

SIGNATURE:

WALTER O. MARTINEZ

4/29/02

407-935-0552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #