

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90413 029 ***150.00

DOCUMENT # P01000093517

1. Entity Name
PINZON BUSINESS, INC.



Principal Place of Business
**6030 N.W. 186TH STREET
SUITE 202
MIAMI FL 33015**

Mailing Address
**6030 N.W. 186TH STREET
SUITE 202
MIAMI FL 33015**



2. Principal Place of Business
P.O. BOX 172891
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 172891
Suite, Apt. #, etc.

City & State
MIAMI - FL
Zip
33017-2891

Country

City & State
MIAMI - FL
Zip
33017-2891

Country

4. FEI Number
65-1142104

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PINZON, JAVIER
6030 N.W. 186TH STREET
SUITE 202
MIAMI FL 33015**

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
**PD
PINZON, JAVIER
6030 N.W. 186TH STREET SUITE 202
MIAMI FL 33015** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ 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 REQUIRED

04-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)