


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

05-05-2003 91787 035 ***150.00

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>PD1000112868</u>	
1. Entity Name <u>PC-Pica Cadama Investment Inc</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>10743 N.W. 58th St.</u> Suite, Apt. #, etc. <u>190</u> City & State <u>Miami, FL</u> Zip <u>33148</u> Country <u>Miami-Dade U.S.A.</u>	3. Mailing Address <u>10743 N.W. 58th St.</u> Suite, Apt. #, etc. <u>190</u> City & State <u>Miami, FL</u> Zip <u>33148</u> Country <u>Miami-Dade U.S.A.</u>
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1156134</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	<u>Carlos Pinilla</u>
Street Address (P.O. Box Number is Not Acceptable) <u>10743 N.W. 58th St.</u>	
<u>Ste. 190</u>	
City	<u>Miami</u> FL Zip Code <u>33148</u>

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 Carlos Pinilla (NOTE: Registered Agent signature required when reinstating) DATE 1/22/03

January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
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	<u>Carlos Pinilla</u> <u>10743 N.W. 58th St. - Ste. 190</u> <u>Miami, FL 33148</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Pinilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/22/03 Daytime Phone #

CR2E034B (12/02)