

2002 UNIFORM BUSINESS REPORT (UBR)

9/8/
* 9/

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-08-2002 90135 002 ***550.00
09-08-2002 90135 001 *****8.75

DOCUMENT # P01000114726

1. Entity Name
PALABRITAS, INC.

Principal Place of Business

17036 SW 144 COURT
MIAMI FL 33177

Mailing Address

17036 SW 144 COURT
MIAMI FL 33177

2. Principal Place of Business

2520 NW 97 Ave

3. Mailing Address

2520 NW 97 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

240

240

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

U.S.A

Zip

33172

Country

U.S.A

4. FEI Number

65-1157217

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAZ, OSCAR
17036 SW 144 COURT
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name PAZ, OSCAR

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

2520 NW 97 Ave Suite 240

City Miami

FL

Zip Code

33172

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

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 \$350.00
After September 13, 2002 Fee will be \$750.00
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 PD ☐ Delete
NAME PAZ, OSCAR
STREET ADDRESS 17036 SW 144 COURT
CITY-ST-ZIP MIAMI FL 33177

TITLE VD ☐ Delete
NAME REYNOSA, MILTON R
STREET ADDRESS 10610 SW 199 ST
CITY-ST-ZIP MIAMI FL 33157

TITLE TD ☐ Delete
NAME DUSSAN, BELARMINO
STREET ADDRESS 9165 FOUNTAINBLEAU BLVD S-8
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-05-02

Date

Daytime Phone #

CR2E034 (4/02)