2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 NOV 27 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117914

1. Entity Name
P.A. ASSOCIATES CORP.

Principal Place of Business	Mailing Address
168 SE 1ST STREET SUITE 1103 MIAMI FL 33131	168 SE 1ST STREET SUITE 1103 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
168 SE 1ST STREET		168 SE 1ST STREET	
Suite, Apt. #, etc. SUITE 1104		Suite, Apt. #, etc. SUITE 1104	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country	Zip 33131	Country

4. FEI Number X 65-1159676 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARAGAO, FRANCISCO P
168 SE 1ST STREET
SUITE 1103
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ARAGAO, FRANCISCO P
Street Address (P.O. Box Number is Not Acceptable) 168 SE 1ST STREET - SUITE 1104
City MIAMI, FL FL Zip Code 33131

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 ______
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 $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD BRANDAO ARAGAO, FRANCISCO P 168 SE 1ST STREET #1103 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800009237998 11/27/02--01035--009 **400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #