

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90207 026 ***150.00

DOCUMENT # **P02000008885**



1. Entity Name
P.A. STORAGE SERVICES INC

Principal Place of Business

~~10361 S.W. 150TH COURT~~
~~SUITE 13205~~
~~MIAMI FL 33196~~

Mailing Address

~~10361 S.W. 150TH COURT~~
~~SUITE 13205~~
~~MIAMI FL 33196~~

2. Principal Place of Business

13931 SW 122 AVE
Suite, Apt. #, etc.
APT. 304

3. Mailing Address

13931 SW 122 AVE
Suite, Apt. #, etc.
APT 304

City & State

Miami FL

City & State

Miami FL

Zip

33196

Country

USA

Zip

33196

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number:

26-0037515

Applied For:

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARGAS, DANIEL O
10361 S.W. 150TH COURT
SUITE 13205
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

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

13931 SW 122 AVE APT 304

City

Miami

FL

Zip Code

33186

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 Delete
NAME **D VARGAS, DANIEL O**
STREET ADDRESS **10361 S.W. 150TH COURT STE 13205**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME **PRESIDENT**
STREET ADDRESS **VARGAS DANIEL O.**
CITY-ST-ZIP **13931 S.W. 122 AVENUE APTO 304**
Miami FL 33186

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)