

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90362 004 \*\*\*158.75

0354127 AV

**DOCUMENT # P02000009919**

1. Entity Name

**PAISA ENVIOS CORPORATION**



Principal Place of Business

**7227 NW 88TH AVENUE  
TAMARAC FL 33321-2517**

Mailing Address

**7227 NW 88TH AVENUE  
TAMARAC FL 33321-2517**

6001034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

**#80-0031254**

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

**PALACIO, ELIZABETH  
5482 F LAKEWOOD CIRCLE  
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **Gabriel Ramirez**  
Street Address (P.O. Box Number is Not Acceptable) **2338 Coral Springs Drive**  
City **Coral Springs** FL Zip Code **33065**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/10/03**

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	<b>PALACIO, ELIZABETH</b>	
STREET ADDRESS	<b>5482 F LAKEWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	<b>RAMIREZ, ALBERTO</b>	
STREET ADDRESS	<b>7260 N WOODMONT TERR #105</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/N/T/S:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GABRIEL Ramirez</b>	
STREET ADDRESS	<b>2338 Coral Springs Drive</b>	
CITY-ST-ZIP	<b>Coral Springs FL 33065</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]* **President**

**04/10/2003 (954) 7226225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)