

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90222 024 ***150.00

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DOCUMENT # P02000091530

1. Entity Name

PARDO ENTERPRISES, INC.



Principal Place of Business
7030 W COMMERCIAL BLVD
LAUDERHILL FL 33319

Mailing Address
7030 W COMMERCIAL BLVD
LAUDERHILL FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

7. Name and Address of New Registered Agent

PARDO, LUIS
4198 SABLE RIDGE CIR
WESTON FL 33331

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PARDO, LUIS
4198 SABLE RIDGE CIR
WESTON FL 33331

☐ Delete

TITLE
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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

80119877
P 02000091530

May 15, 2003

Florida Dept of State
Annual Reports Filings
Division of Corporations
Tallahassee, Florida 32314

RE: Corporate Annual Report

To Whom It May Concern:

This is to request acceptance of the enclosed corporate renewal filing. The client was not aware of the filing requirements, until we brought it to his attention. It is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Thank you for your cooperation in this matter, should you have any questions, please do not hesitate to call the office.

Sincerely,

Rebecca Colegrove

Rebecca Colegrove