

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90121 003 ***150.00

DOCUMENT # P02000110136



1. Entity Name
PASTRANA'S INVESTMENTS, CORP.

Principal Place of Business
**2954 W 84TH STREET
BAY 2 - MEZZANINE
HIALEAH FL 33018**

Mailing Address
**2954 W 84TH STREET
BAY 2 - MEZZANINE
HIALEAH FL 33018**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

27-0033172

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PASTRANA, ARNULFO
2954 W 84TH STREET
BAY 2 - MEZZANINE
HIALEAH FL 33018**

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	PD	<input type="checkbox"/> Delete
NAME	BARROETABENA, NEREYDA R	
STREET ADDRESS	6055 W 19TH AVE. - APT 413	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASTRANA, ARNULFO	
STREET ADDRESS	2954 W 84TH STREET, BAY 2 - MEZZANINE	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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: *Arnulfo Pastрана* **REQUIRED** *Resident*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-03 **824-9964** **305**

CR2E034 (10/02)