

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000128408

1. Entity Name  
PINOS INT'L, INC.



Principal Place of Business  
7707 SW 86 ST, #B302  
MIAMI, FL 33143

Mailing Address  
7707 SW 86 ST, #B302  
MIAMI, FL 33143

2. Principal Place of Business

9427 Fontainebleau Blv

Suite, Apt. #, etc.

# 111

City & State

Miami, FL

Zip

33172

Country

USA

3. Mailing Address

9427 Fontainebleau Blv

Suite, Apt. #, etc.

# 111

City & State

Miami, FL

Zip

33172

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

24-3091920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINEROS, LUIS F  
7707 SW 86 ST, #B302  
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name: Pineros, Luis F

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

9427 Fontainebleau Blv # 111

City

Miami

FL

Zip Code

33172

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's 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 D ☐ Delete  
NAME PINEROS, LUIS F  
STREET ADDRESS 7707 SW 86 ST, #B302  
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Pineros, Luis F  
STREET ADDRESS 9427 Fontainebleau Blv  
CITY-ST-ZIP Miami, FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03 305-525-6470

Date

Daytime Phone #

CRZE034 (10/02)

21619