

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-03-2003 90959 027 ***150.00

FILED P02000131307

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -5 AM 8:00

DOCUMENT # P02000131307

1. Entity Name
PASQUALLE, INC.



Principal Place of Business
1852 SW 12ST ST
MIAMI FL 33135

Mailing Address
1852 SW 12ST ST
MIAMI FL 33135

2. Principal Place of Business
1852 S.W. 12ST

3. Mailing Address
P.O. BOX 452211

Suite, Apt. #, etc.
N

Suite, Apt. #, etc.

City & State
Miami, FLA.

City & State
Miami, FLA.

Zip
33135

Country
DADE.

Zip
33245-2211

Country
DADE

☐ CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number
74-30-72476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, FRANK
1852 SW 12ST ST
MIAMI FL 33135

7. Name and Address of New Registered Agent

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

2/28/03

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
DP
MUNOZ, FRANK
1852 SW 12ST ST
MIAMI FL 33135 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CASTILLO, NUBIA E
1852 SW 12ST ST
MIAMI FL 33135 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

2/28/03

Date

(786) 326-7858

Daytime Phone #

03-03-2003 131307

September 8, 2003

Department of State
Division of Corporations
Corporate Filings
P.O.Box 6327
Tallahassee, FL 32314

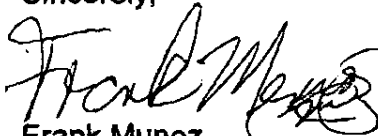
Ref: P02000131307

Dear Mr. Ruby:

This letter is to inform you that I did not receive notification of the Annual Report nor the deadline.

Should you need additional information, please feel free to contact me at (786) 326-7858.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Munoz", with a stylized flourish at the end.

Frank Munoz
P.O.Box 452211
Miami, FL 33245