

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90057 001 \*\*\*150.00  
 02-14-2000 90057 002 \*\*\*\*\*8.75

**DOCUMENT # P94000008875**

1. Entity Name

**RAMON PACHECO AND ASSOCIATES, INC.**

Principal Place of Business

4990 SW 72ND AVE.  
 #101  
 MIAMI FL 33155

Mailing Address

4990 SW 72ND AVE.  
 #101  
 MIAMI FL 33155-5524

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

**65-0457901**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PACHECO, RAMON B**  
**4990 SW 72ND AVE.**  
**#101**  
**MIAMI FL 33155**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	PACHECO, RAMON B	
STREET ADDRESS	8305 SW 17TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	PACHECO, AIDA	
STREET ADDRESS	8305 SW 17TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
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"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	PACHECO, AIDA	
STREET ADDRESS	8305 SW 17TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	PACHECO, MONICA	
STREET ADDRESS	8305 SW 17TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ramon Pacheco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 (305) 666-2573

Date

Daytime Phone #