

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90034 026 ***150.00


DOCUMENT # P95000030390
 1. Entity Name
ROBERT J. PIMENTEL, INC.

Principal Place of Business Mailing Address
 9537 N.W. 27TH COURT 9537 N.W. 27TH COURT
 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4939

2. Principal Place of Business 3. Mailing Address
1609 BARCELONA WAY *1609 BARCELONA WAY*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WESTON FL. *WESTON FL.*
 Zip Country Zip Country
33327 *33327*

DO NOT WRITE IN THIS SPACE



4. FEI Number **65-0567994** Applied For Not Applied
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PIMENTEL, ROBERT J
9537 N.W. 27TH COURT
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name *Robert J. Pimentel*
 Street Address (P.O. Box Number is Not Acceptable)
1609 BARCELONA WAY
 City *WESTON* FL Zip Code *33327*

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Robert J. Pimentel* DATE *1/31/2000*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIMENTEL, ROBERT J	NAME	<i>SAME</i>
STREET ADDRESS	9537 N.W. 27TH COURT	STREET ADDRESS	<i>1609 BARCELONA WAY</i>
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	<i>WESTON FL. 33327</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Robert J. Pimentel* DATE *1/31/2000* DAYTIME PHONE # *954-217-2561*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR