

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000052182

1. Entity Name

Carlos M. Pazos, CPA, P.A.

Principal Place of Business

Mailing Address

2. Principal Place of Business

299 ALHAMBRA CIRCLE

3. Mailing Address

299 ALHAMBRA CIR.

Suite, Apt. #, etc.

SUITE 203

Suite, Apt. #, etc.

SUITE 203

City & State

CORAL GABLES

City & State

CORAL GABLES, FL

Zip

FLORIDA

Country

33134

Zip

33134

Country

4. FEI Number

65-0594592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CARLOS M. PAZOS

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

299 ALHAMBRA CIR.

SUITE 203

City

CORAL GABLES

FL

Zip Code

33134

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

CARLOS M. PAZOS

CARLOS M. PAZOS

4/29/2001

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

CARLOS M. PAZOS

CARLOS M. PAZOS President

4/29/2001 305-443979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 18, 2001 8:00 am
Secretary of State

05-18-2001 91585 044 ***150.00

A0070257

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)