

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90104 009 \*\*\*150.00

**DOCUMENT # P96000024040**  
 1. Entity Name  
**PAOLUCCI AND SANDOVAL CORPORATION**

Principal Place of Business: **4710 NW 37 AVE MIAMI FL 33142**  
 Mailing Address: **4710 NW 37 AVE MIAMI FL 33142**

2. Principal Place of Business: **4710 NW 37 AVE.**  
 Suite, Apt. #, etc.

3. Mailing Address: **4710 NW 37 AVE**  
 Suite, Apt. #, etc.

City & State: **MIAMI FL**

City & State: **MIAMI FL**

Zip: **33142** Country:

4. FEI Number: **65-0822800**  
 Applied For:  Not Applicable:

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

8. Name and Address of Current Registered Agent

~~GARCIA AMADO~~  
**9500 S. DADELAND BLVD #705**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 Name: ~~JOSE E. SMITH C.P.A.~~  
 Street Address (P.O. Box Number is Not Acceptable): **132 MINORCA AVE.**  
**CORAL GABLES**  
 City: **MIAMI** 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: [Signature] **2/21/02**  
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)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P SUAREZ, GUILLERMO</b> <b>4710 NW 37 AVE</b> <b>MIAMI FL 33142</b>			
<b>ST SUAREZ, ORIETTA</b> <b>4710 NW 37 AVE</b> <b>MIAMI FL 33142</b>			

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] **Guillermo Suarez** **01-07-02** **(305)633 4352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12145



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)