

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90003 038 ***150.00

DOCUMENT # P97000035588

1. Entity Name

PA1 COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

~~454 N.W. 22ND AVE~~ **345 SW 36 AVE**
~~SUITE 208~~
~~MIAMI FL 33125~~ **MIAMI, FL 33135**

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 **65-0745225**

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

ARREDONDO, PEDRO

~~454 N.W. 22ND AVE~~ **345 SW 36 AVE**
~~SUITE 208~~
~~MIAMI FL 33125~~ **MIAMI, FL 33135**

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 resigning)

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	PSDA	<input type="checkbox"/> Delete
NAME	ARREDONDO, PEDRO	
STREET ADDRESS	454 N.W. 22ND AVE, SUITE 208 345 SW 36 AVE	
CITY-ST-ZIP	MIAMI FL 33125 MIAMI, FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, ORQUIDEA	
STREET ADDRESS	454 N.W. 22ND AVE, SUITE 208 345 SW 36 AVE	
CITY-ST-ZIP	MIAMI FL 33125 MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

#997000035585
80059420

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: PEDRO ARREDONDO EIN or SS#: 148-48-6446

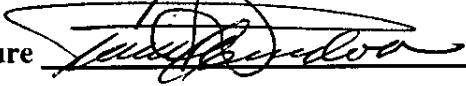
Address: 345 SW 36 AVENUE
MIAMI, FL 33135

Amount: \$ 88.75 Date Paid: _____

Reason for Claim: OVERPAYMENT OF UBR FILING FEE

DO-12M N-224

Certified true and correct this 20 day of June, 2001

Signature 

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim.

Amount of recommended refund \$ 88.75

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on

State Treasurer's Receipt No. 90048/004 dated 5/22/01

NAME OF ACCOUNT: 45202130001453001000001000000

Statutory Authority for Collection 617

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45202130001453001000022002000

Certified true and correct this _____ day of _____, _____

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)