

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059578

1. Entity Name

PILOME ENGINEERING, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90029 005 \*\*\*158.75

Principal Place of Business

8920 NW 148 TERR  
MIAMI FL 33016

Mailing Address

8920 NW 148 TERR  
MIAMI FL 33018-7318

2. Principal Place of Business

B125 NW 74 AVE

3. Mailing Address

B125 N.W 74 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suit 6

Suit 6

City & State

HE0184 FL.

City & State

HE0184 FL.

Zip

33166

Country

USA.

Zip

33166

Country

USA.

4. FEI Number

65-0851760

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, WOOLTON  
16111 SW 102ND AVE  
MIAMI FL 33157

7. Name and Address of New Registered Agent

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)

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**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

TITLE	D	<input type="checkbox"/> Delete
NAME	PILOTO, DILADA	
STREET ADDRESS	8920 NW 148 TERR	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILOTO, RAMON A	
STREET ADDRESS	8920 NW 148 TERR	
CITY-ST-ZIP	MIAMI FL 33016	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON PILOTO  
VICE PRESIDENT

Date

Daytime Phone #

1/24/00 305-883-7392

CR2E034 (9/99)