

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90046 019 ***150.00

0272304 AV

DOCUMENT # P98000089282

1. Entity Name

PASCUAL DISTRIBUTOR OF FLORIDA INC.

Principal Place of Business

**8775 NW 13TH TERR
 MIAMI FL 33172
 US**

Mailing Address

**8775 NW 13TH TERR
 MIAMI FL 33172
 US**

2. Principal Place of Business

2741 NW 82 AVE.

Suite, Apt. #, etc.

3. Mailing Address

2741 NW 82 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0880699

Applied For

Not Applicable

Zip

33122

Country

MIAMI-DADE

Zip

33122

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
 1500 MIAMI CENTER
 201 S. BISCAYNE BLVD.
 MIAMI FL 33131**

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **SVP** ☐ Delete
 NAME **CASTINEIRA, CASTOR B**
 STREET ADDRESS **3032 SW 132 CT**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VP** ☐ Delete
 NAME **CASTINEIRA, MARIA I**
 STREET ADDRESS **3032 SW 132 CT**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VP** ☐ Delete
 NAME **PASCUAL, SR, THOMAS**
 STREET ADDRESS **AVENIDA MANOTERAS 18**
 CITY-ST-ZIP **POL IND MADRID 28050 SPAIN**

TITLE **P** ☐ Delete
 NAME **PASCUAL, JR, TOMAS**
 STREET ADDRESS **AVENIDA MANOTERAS 18**
 CITY-ST-ZIP **POL IND MADRID 28050 SPAIN**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVP** ☒ Change ☐ Addition
 NAME **CASTINEIRA, CASTOR B.**
 STREET ADDRESS **3701 SW 139 AVE**
 CITY-ST-ZIP **MIAMI, FL. 33175**

TITLE **VP** ☒ Change ☐ Addition
 NAME **CASTINEIRA, MARIA I**
 STREET ADDRESS **3701 SW 139 AVE.**
 CITY-ST-ZIP **MIAMI, FL. 33175**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/02
 Date

305-592-1192
 Daytime Phone #

CR2E034 (9/01)