

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90010 035 \*\*\*150.00

**DOCUMENT # P98000099364**

1. Entity Name  
**PAZ REALTY, INC.**

Principal Place of Business

Mailing Address

PMB 246  
 3116 N FEDERAL HWY  
 LIGHTHOUSE POINT FL 33064  
 US

PMB 246  
 3116 N FEDERAL HWY  
 LIGHTHOUSE POINT FL 33064-6738  
 US

2. Principal Place of Business

**310 SE 3<sup>rd</sup> St**  
 Suite, Apt. #, etc.

3. Mailing Address

**310 SE 3<sup>rd</sup> St**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Pompano Beach, FL**

City & State

**Pompano Beach FL**

4. FEI Number

**65-0908036**

Applied For

Not Applicable

Zip

**F 33060**

Country

**USA**

Zip

**33060**

Country

**USA**

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

**Same**

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

City

**FL**

Zip Code

**PAZ, M. CARMEN**  
**310 SE 3RD ST**  
**POMPAÑO BEACH FL 33060**

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/01/00**  
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	PAZ, M. CARMEN	
STREET ADDRESS	310 SE 3RD ST	
CITY-ST-ZIP	POMPAÑO BEACH FL 33060	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PAZ, FERNANDO	
STREET ADDRESS	310 SE 3RD ST	
CITY-ST-ZIP	POMPAÑO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 address with all other like empowered.

SIGNATURE:

**PAZ, M. CARMEN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(954) 783-2927**  
**(954) 723-4439**

C/F E034 (9/99)