

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006689

1. Entity Name

PAZ CENTER INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90027 041 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

6501 W 4<sup>TH</sup> AVE.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2804

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HIALEAH FL

Zip  
33014

Country  
USA

City & State  
MIAMI FL

Zip  
33116

Country  
USA

4. FEL Number

65-0895691

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

Name

FRANK DELAPAZ

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

600 PALM AVE SUITE C

City

HIALEAH

FL

Zip Code

33010

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

FRANK DELAPAZ PRES.

4-26-2000

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

TITLE PD  
NAME FRANK DELAPAZ  
STREET ADDRESS 600 PALM AVE SUITE C  
CITY-ST-ZIP HIALEAH FL 33010

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK DELAPAZ PRES.

Date

Daytime Phone #

4-26-2000 305-887-1114

CR2E034 (9/99)