

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90070 019 \*\*\*158.75

DOCUMENT # P99000038334

1. Entity Name

PAMSCO PUBLISHING, INC.

Principal Place of Business

Mailing Address

N.W. 29TH ST.

7855 N.W. 29TH ST.

FL 33122

#182

MIAMI FL 33122-1119

2. Principal Place of Business

9809 NW 80th Ave

3. Mailing Address

P.O. BOX 491334

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9-U

City & State

HALEAH GARDENS, FL

City & State

KEY BISCAYNE, FL

4. FEI Number

65-0914872

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33149

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

SELASCO, ALEJANDRO N

7855 N.W. 29TH ST.

#182

MIAMI FL 33122

Name

SELASCO, ALEJANDRO

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

2200 BRICKELL AVE

APT #1

City

MIAMI

FL

Zip Code

33129

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

ALEJANDRO SELASCO (Printed)

2-14-2000

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SELASCO, ALEJANDRO N 7855 N.W. 29TH ST. MIAMI FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alejandro Selasco 3/20/2000 (305) 860-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)