

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040903

1. Entity Name

P.A.M.D. INVESTMENTS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90188 002 ***150.00

Principal Place of Business

Mailing Address

1607 PONCE DE LEON BLVD.
SUITE 101
CORAL GABLES FL 33134

1607 PONCE DE LEON BLVD.
SUITE 101
CORAL GABLES FL 33134

CUU58147

2. Principal Place of Business

3. Mailing Address

250 GIRALDA AVENUE

250 GIRALDA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL GABLES, FL

CORAL GABLES, FL

City & State

City & State

4. FEI Number 65-0916792

Applied For
Not Applicable

Zip

Country

33134

USA

Zip

Country

33134

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

NUNEZ, ALEJANDRO ESQ.
1607 PONCE DE LEON BLVD.
SUITE 101
CORAL GABLES FL 33134

Name

NUNEZ, ALEJANDRO ESQ

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

250 GIRALDA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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)

ALEJANDRO NUNEZ, ESQ

4-26-01

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, 2001 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
PSTD
DELGADO, ALBERTO M
12432 SW 11TH TERRACE
MIAMI FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DELGADO, ALBERTO M
9715 SW 114 ST
MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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: Alberto Delgado ALBERTO DELGADO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 305-7746222
Date Daytime Phone #

CR2E034 (10/00)