

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069413

1. Entity Name
PASOS PEENOS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 AM 11:21

Principal Place of Business
6722 SWAIN AVE.
TAMPA FL 33625

Mailing Address
6722 SWAIN AVE.
TAMPA FL 33625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6722 Swain Ave
Suite, Apt. #, etc.
Tampa
City & State
FL
Zip
33625
Country
USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3586977
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FULLER, QUITA
6722 SWAIN AVE.
TAMPA FL 33625

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 Quita Fuller
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, QUITA 6722 SWAIN AVE. TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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100004638341
-10/16/01--01036--0004
****165.00 ****165.00

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: Quita Fuller - President 4/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 4, 2001

PASOS PEQENOS, INC.
6722 SWAIN AVE.
TAMPA, FL 33625

SUBJECT: PASOS PEQENOS, INC.

Debit Memo #: 14675-I

Document #: P99000069413

Due to your failure to respond to our letter advising you of your returned check and giving you 60 days notice of our intent to dissolve the above corporation, this corporation is now administratively dissolved.

A Certificate of Dissolution is enclosed.

Should you have any questions, please feel free to contact this office at (850) 245-6057.

Sincerely,
Pat Bailey
Accountant II

*See
okay to
process*