

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087654

1. Entity Name

PACHO'S INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90064 016 ***158.75

Principal Place of Business

Mailing Address

8107 SW 158 CT.
MIAMI FL 33193

8107 SW 158 CT.
MIAMI FL 33193-3039

2. Principal Place of Business

3311 No. Dixie Hwy

3. Mailing Address

3311 No. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pompano Bea. FL

City & State
Pompano Bea. FL

4. FEI Number

65-095 6277

Applied For

Not Applicable

Zip Country
33064 USA

Zip Country
33064 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

BELLO, FRANCISCO J
8107 SW 158 CT.
MIAMI FL 33193

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

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 PD
NAME DABOIN, JOSE FRANCISCO
STREET ADDRESS 3415 SW 69 AVE.
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE VPD
NAME BELLO, FRANCISCO JOSE
STREET ADDRESS 8107 SW 158 CT.
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE Treasurer
NAME Francisco Bello
STREET ADDRESS 8107 SW 158 CT
CITY-ST-ZIP Miami, Florida 33193 ☒ Change ☐ Addition

TITLE SD
NAME MEDINA, ZACARIAS A
STREET ADDRESS 7741 SW 19 STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE TD
NAME CASSAR, LUCIA FATIMA
STREET ADDRESS 4420 N4 45 AVE.
CITY-ST-ZIP POMPANO BEACH FL 33064 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
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

01-18-00

Date

305-380-0426

Daytime Phone #

CR2E034 (9/99)