

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087691

1. Entity Name

PAVON INVESTMENTS CORPORATION

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90027 035 ***150.00

Principal Place of Business

Mailing Address

1180 SO. POWER LINE ROAD #202
POMPANO BEACH FL 33069-4340

1180 SO. POWER LINE ROAD #202
POMPANO BEACH FL 33069-4335

2. Principal Place of Business

3. Mailing Address

4631 NW 31st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#311

City & State

FORT LAUDERDALE FL

4. FEI Number

65-0950217

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 33309-3433

U.S.A.

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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DIAZ, MANUEL F
1180 SO. POWER LINE ROAD #202
POMPANO BEACH FL 33069-4340 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 07, 2000

Date

Daytime Phone #

CR2E034 (9/99)