

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099938

1. Entity Name
PAOLMAT SERVICES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90252 034 ***150.00

Principal Place of Business
4235 WEST 16TH AVENUE
HIALEAH FL 33012

Mailing Address
4235 WEST 16TH AVENUE
HIALEAH FL 33012

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ
9200 S DADELAND BLVD SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **CUEVAS, ANDREW ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
536 Baltimore Way
Coral Gables,
City **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 _____ DATE **I-16/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **DPT** ☐ Delete
NAME **BECERRA, MIGUEL ANGEL**
STREET ADDRESS **43051 NW FIRST ST. #201**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **DVS** ☐ Delete
NAME **CABALLERO, GONZALO B**
STREET ADDRESS **43051 NW FIRST ST. #201**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Change ☐ Addition
NAME **BECERRA, MIGUEL ANGEL**
STREET ADDRESS **3823 SW 170th**
CITY-ST-ZIP **MIRAMAR FL 33027**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 another, or as empowered.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-8286777
ATV-2361
Date _____ Daytime Phone # _____

CR2E034 (10/00)