

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33626

1. Entity Name

PACE ENTERPRISES OF SOUTH FLORIDA, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90064 003 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5599 E LEITNER DR~~  
~~CORAL SPRINGS FL 33067~~  
~~US~~

5599 E LEITNER DR  
CORAL SPRINGS FL 33067-2048  
US

2. Principal Place of Business

13870 WELLINGTON TRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

4. FEI Number

59-3120851

Applied For

Not Applicable

Zip

33414

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HECHT, ALAN R EXSO  
2670 NE 215 ST  
~~MIAMI FL 33180~~

7. Name and Address of New Registered Agent

Name

BRUCE NABAT

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

1190 N.E. 125th ST #21

City

N. MIAMI

FL

Zip Code

33161

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

BRUCE NABAT - Bruce Nabat ACCOUNTANT 1/12/00

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS PACE, CHARLES  
CITY-ST-ZIP 5599 E. LEITNER DRIVE  
CORAL SPRINGS FL 33067

TITLE ☐ Delete  
NAME ASD  
STREET ADDRESS PACE, HELENE  
CITY-ST-ZIP 5599 E LEITNER DR  
CORAL SPRINGS FL

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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00

Date

5617956111

Daytime Phone #

CR2E034 (9/99)