

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90095 047 ***158.75

DOCUMENT # F99000005584

1. Entity Name
PIRAKMI, INC.

Principal Place of Business Mailing Address
18638 LIVINGSTON AVE. **18638 LIVINGSTON AVE.**
LUTZ FL 33549 **LUTZ FL 33549**

UUU41503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
104 GARLAND COURT **104 GARLAND COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA, FL **TAMPA, FL**

4. FEI Number Applied For
88-0427137 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33613 **HILLSBOROUGH** **33613** **HILLSBOROUGH**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONOAN, UNIDAD R
18638 LIVINGSTON AVE.
LUTZ FL 33549

Name: **BONOAN, UNIDAD, R.**
 Street Address (P.O. Box Number is Not Acceptable)
104 GARLAND COURT
 City **TAMPA** State **FL** Zip Code **33613**

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 **UNIDAD R. BONOAN (OFFICER)** **WUBMAN** **2/26/01**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CDST	BONOAN, UNIDAD R	18638 LIVINGSTON AVE.	LUTZ FL 33549	<input type="checkbox"/>
DP	BONOAN, RAYNALD S	18638 LIVINGSTON AVE.	LUTZ FL 33549	<input type="checkbox"/>
D	FUTRELL, TOMMY L	8508 TWIN LAKES BLVD	TAMPA FL 33614	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CDST	BONOAN, UNIDAD, R.	104 GARLAND COURT	TAMPA, FL 33613	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	BONDAN, RAYNALD, S.	104 GARLAND COURT	TAMPA, FL 33613	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	FUTRELL, TOMMY	5808 TWIN LAKES BLVD	TAMPA, FL 33614	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **WUBMAN - UNIDAD R. BONOAN** **2/26/01** **(813) 961-6887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)