

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90038 040 ****50.00

DOCUMENT # L98000002280

1. Entity Name

PRAT, L.C.

Principal Place of Business

**3399 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134**

Mailing Address

**3399 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134**

2. Principal Place of Business

9553 Harding Ave

3. Mailing Address

PO Box 545867

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

City & State
Surfside, FL

City & State
Surfside, FL

Zip
33154

Country
USA

Zip
33154

Country
USA

4. FEI Number

65-0869567

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAUMBERGER, HANS
 3399 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Baumberger-Hans**
 Street Address (P.O. Box Number is Not Acceptable)
9553 Harding Ave
#308
 City **Surfside FL** Zip Code **33154**

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

Hans Baumberger

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGR BAUMBERGER, HANS**
 STREET ADDRESS **3399 PONCE DE LEON BLVD., SUITE 202**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME **MGR BAUMBERGER, HANS**
 STREET ADDRESS **9553 HARDING AVE #308**
 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE Delete
 NAME **MGR ALTIRRIBA, ROSA**
 STREET ADDRESS **3399 PONCE DE LEON BLVD., SUITE 202**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Hans Baumberger

1/23/2002

305-867-8370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFR2E083 (9/01)