## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # M35138** 1. Entity Name PRENDES AND PRENDES, INC. 03-19-2001 90019 037 \*\*\*150.00 Principal Place of Business Mailing Address % RAMON M. PRENDES % RAMON M. PRENDES 4320 W BROWARD BLVD., #5 883 NORTH FIG TREE LANE PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-2699414 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRENDES, RAMON M. Street Address (P.O. Box Number is Not Acceptable) 883 NORTH FIG TREE LANE PLANTATION FL 33317 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. ☐ Addition Change TITLE Delete TITLE PRENDES, RAMON M. NAME STREET ADDRESS 833 NORTH FIG TREE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE PRENDES, PETER J. NAME NAME 883 N. FIG TREE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB PLANTATION FL Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reference 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.

TITLE

NAME

☐ Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON PRENDES

STREET ADDRESS CITY-ST-ZIP

3-14-01

(954) 583-2590

Change

☐ Addition