

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000061944

1. Entity Name
PRATY CORPORATION

Principal Place of Business
**5112 NW 114 CT
MIAMI, FL 33178**

Mailing Address
**5112 NW 114 CT
MIAMI, FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **35-2191004**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GASPERINI, CLAUDIA
5112 NW 114 CT
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if any)

(Typed Registered Agent Signature required when certifying)

DATE

**FILED MAY 14 2003 FEE \$150.00
STATE OF FLORIDA
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **GASPERINI, CLAUDIA**
CITY-ST-ZIP **5112 NW 114 CT
MIAMI, FL 33178**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **GASPERINI, MARCOS**
CITY-ST-ZIP **5112 NW 114 CT
MIAMI, FL 33178**

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

11. 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
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or block 11 if changed, or on an attachment with an affidavit, with all other like empowered.

SIGNATURE: **X Claudia Gasperini** **4-30-03 305-261-6251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone