

2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # P95000072814

1. Entity Name
P.R.R. CORPORATION

FILED

02 SEP 12 AM 11:57

Principal Place of Business
**226 N.E. 26TH ST. (UPS)
MIAMI FL 33137**

Mailing Address
**226 N.E. 26TH ST. (UPS)
MIAMI FL 33137**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT DO NOT WRITE IN THIS SPACE *01-02*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0616431

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PELLITERO, RETBY~~
**501 WEST 79TH STREET
HIALEAH FL 33014**

Name

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

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.

SIGNATURE

Ketty Pettib

Signature, typed or printed name of registered agent and (U) if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-8-02

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

11. OFFICERS AND DIRECTORS	
TITLE NAME	<input type="checkbox"/> Delete
P PELLITERO, RETBY	
STREET ADDRESS 501 W. 79TH STREET	
CITY-ST-ZIP HIALEAH FL 33014	
TITLE NAME	<input type="checkbox"/> Delete
V HERNANDEZ, NARCISO H	
STREET ADDRESS 1300 S.W. 15TH ST.	
CITY-ST-ZIP MIAMI FL	
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
600007833366--7	
-09/18/02--01066--025	
****900.00 ****900.00	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ketty Pettib
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)