

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 26 PM 2:36

DOCUMENT # F57477

AMENDMENT

1. Entity Name

FRALURA, INC.

AMENDED

2460 SW 22nd St., 2nd Floor
Miami, Florida 33145

200131812412
06/27/08--01030--003 **\$61.25

2. Principal Place of Business

2460 SW 22nd St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

4. FEI Number

59-2435227

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALFREDO G. DURAN

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

2340 So. Dixie Highway

City

Miami

FL

Zip Code
33133

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

6/16/08

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Dorta, Ramon E. 2460 SW 22nd St., 2nd Floor Miami, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Dorta, Ramon SAME ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Dorta, Francisco SAME ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DORTA, LUIS SMAE ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this attachment with an address, with all other life empowered.

SIGNATURE

RAMON DORTA

V-Pres

6/16/08 (305) 441-0040

6/26