

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

021449 AV

DOCUMENT # P99000071152

1. Entity Name
PRIBASA HOLDING CO.



FILED

03 MAY -1 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1925 BRICKELL AVENUE SUITE D206
MIAMI FL 33129

Mailing Address
1925 BRICKELL AVENUE SUITE D206
MIAMI FL 33129



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0942091

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BESU, ROGER
1925 BRICKELL AVENUE SUITE D206
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name
Miami Corporate Registry
Street Address (P.O. Box Number is Not Acceptable)
1925 Brickell Ave. Suite D206
City Miami FL Zip Code 33129

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 Robert Besu, President DATE 4-29-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME BESU, ROGER
STREET ADDRESS 1925 BRICKELL AVENUE SUITE D206
CITY-ST-ZIP MIAMI FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700017827577
05/01/03--01052--006 ***300.00

TITLE DP
NAME BARAKAT, PRICILA J
STREET ADDRESS C/O 1925 BRICKELL AVE STE D206
CITY-ST-ZIP MIAMI FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME SALEM-FROMKLE, SANTIAGO
STREET ADDRESS 1925 BRICKELL AVE STE D206
CITY-ST-ZIP MIAMI FL 33129

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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 address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4-29-03

305-874-6363

Date

Daytime Phone #

CR2E034 (10/02)