

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 129876**

1. Entity Name

PRAHL BROTHERS INCORPORATED**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90045 036 ***150.00

Principal Place of Business

4221 SALZEDO ST
CORAL GABLES FL 33146-1802

Mailing Address

4221 SALZEDO ST
CORAL GABLES FL 33146-1802

2. Principal Place of Business

2801 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 455

3. Mailing Address

2801 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 455

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

59-0356340

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA5. 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

PRAHL, H W, JR
4221 SALZEDO ST
CORAL GABLES FL 33146

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

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

(NOTE: Registered Agent signature required when reinstating)

1-15-01

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRAHL, H W, JR | NAME | |
| STREET ADDRESS | 4221 SALZEDO ST | STREET ADDRESS | 2801 Ponce de Leon Suite 455 |
| CITY-ST-ZIP | CORAL GABLES FL | CITY-ST-ZIP | Coral Gables, FL 33134 |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRAHL, R A | NAME | |
| STREET ADDRESS | 4221 SALZEDO ST | STREET ADDRESS | 2801 Ponce de Leon Blvd. Suite 455 |
| CITY-ST-ZIP | CORAL GABLES FL | CITY-ST-ZIP | Coral Gables, FL 33134 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

Daytime Phone #

CR2E034 (10/00)