

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 390023

1. Entity Name

PRIDE PAPERHANGERS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90118 012 ***150.00

Principal Place of Business

Mailing Address

7891 S.W. 14 TERRACE
 MIAMI FL 33144

7891 S.W. 14 TERRACE
 MIAMI FL 33144-5249

2. Principal Place of Business

8970 SW 32nd St

3. Mailing Address

8970 SW 32nd St

Suite, Apt. #, etc.

Miami FL 33165

Suite, Apt. #, etc.

Miami FL 33165

City & State

City & State

Zip

33165

Country

Dade

Zip

Country

4. FEI Number

59-1368601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JULIO
 7891 S.W. 14 TERRACE
 MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

RAFAEL B. SANCHEZ

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

8970 SW 32nd St

Miami FL 33165

City

FL

Zip Code

33165

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)

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, 2000 Fee will be \$550.00
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 **P** ☒ Delete
 NAME SANCHEZ, JULIO
 STREET ADDRESS 7891 S.W. 14TH TERR.
 CITY-ST-ZIP MIAMI FL

TITLE **S** ☒ Delete
 NAME SANCHEZ, EDITH
 STREET ADDRESS 7891 SW 14TH TERR
 CITY-ST-ZIP MIAMI FL

TITLE **X** ☐ Delete
 NAME SANCHEZ, RAFAEL
 STREET ADDRESS ~~7891 SW 14TH TERR~~ 8970 SW 32nd St
 CITY-ST-ZIP MIAMI FL Miami FL 33165

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 **S** ☐ Change ☒ Addition
 NAME GRACIELA SANCHEZ
 STREET ADDRESS 8970 SW 32nd St
 CITY-ST-ZIP Miami FL 33165

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 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

Date

Daytime Phone #

CR2E034 (9/99)