

FILED

Aug 07, 2003 8:00 am
Secretary of State

07-09-2003 90043 047 ***150.00
08-07-2003 90121 033 ***408.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 469596 1. Entity Name NUPRAM CORP.					
Principal Place of Business 10255 S.W. 8 TERRACE MIAMI FL 33174			Mailing Address 10255 S.W. 8 TERRACE MIAMI FL 33174		
2. Principal Place of Business 10255 SW 8 TERR			3. Mailing Address 10255 SW 8 TERR		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33174			Zip 33174		
Country EVA			Country EVA		
4. FEI Number 59-1616331				☐ CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRADO, LUCIA H. 10255 SW 8 TERRACE MIAMI FL 33174			7. Name and Address of New Registered Agent Name LUCIA H. PRADO Street Address (P.O. Box Number is Not Acceptable) 10255 SW 8 TERR City MIAMI FL Zip Code 33174		
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 <i>[Signature]</i> LUCIA H. PRADO DATE MAY 25/03 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
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 NAME STREET ADDRESS CITY-ST-ZIP	ID PRADO, AUGUSTIN, JR. 10255 S.W. 8 TERRACE MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRADO, AUGUSTIN 10255 S.W. 8 TERRACE MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRADO, LUCIA H 10255 SW 8 TR MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>[Signature]</i> LUCIA H. PRADO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE FOR DIRECTOR			DATE: MAY 25/03 Date Daytime Phone #		

CR2E034 (10/02)