2002 Uniform Business Report (UBR)

DOMENT # Entity Name

640065

ORAL WAY PARRA, INC.

Principal Place of Business

Mailing Address

FILED Apr 07, 2002 8:00 am Secretary of State 04-07-2002 90061 044 ***150.00

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S. Certificate of Status Desired G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Agent Ag	City & State	е	City & State			4.	FEI Number 59-196283 6)			
PARRA, HECTO 3200 SW 69TH AVENUE MIAMI FL 33155 City FL Zip Code 8. The above named entity submits this stalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, hondro is proof lawe of registered agent and con it applicable. P. This corporation is eligible to satisfy its Intang ble Tax fling requirement aged excits to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.	Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired				
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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 Speature, hyperic permits small object of registered agent and stell explicable POTE: Registered agent signature required when renessary) 9. This corporation is alighble to satisfy its intangible fraction of registered agent age					Street Addres	s (P.O. E	Box Number is Not Acceptable)			
Exercise Addition 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 SIGNATURE SPARIA, higher or printed name of registered agent and title if applicable PLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11.											
8. The above named entity submits this stalement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. SIGNATURE Signalus byest or princet name of registered agent and title if applicable. NOTE: Registered Agent signature required when remanancy) John					Oib.				T = -		
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3. 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		artifu that the info	Cata atota 100 di	Ц			(10 09/0V/II) Fr	 			

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