

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722649

1. Entity Name

PRO-ARTE GRATELI, INC.

Principal Place of Business

6520 W 12TH AVE.
HIALEAH FL 33012-6449

Mailing Address

6520 W 12TH AVE.
HIALEAH FL 33012-6449

2. Principal Place of Business

1059 S.W. 27 AVE

3. Mailing Address

1059 S.W. 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33135

Country

MIAMI-DADE

Zip

33135

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

MENENDEZ, DEMETRIO
6520 W 12TH AVE.
HIALEAH FL 33012

4. FEI Number

59-1405398

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MENENDEZ, DEMETRIO
STREET ADDRESS 6520 W 12TH AVE.
CITY-ST-ZIP HIALEAH FL

☐ Delete

TITLE VD
NAME PEREZ, MARTA
STREET ADDRESS 6825 N.W. 173RD DR, APT 103
CITY-ST-ZIP MIAMI FL 33015

☐ Delete

TITLE SD
NAME DE LA PILI, ROSA
STREET ADDRESS 6520 W 12TH AVE.
CITY-ST-ZIP HIALEAH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD MENENDEZ, DEMETRIO
1820 W - 46RT #705
HIALEAH - FL 33012

☒ Change ☐ Addition

VD PEREZ, MARTA
3551 S.W. 9 TERRACE #511
MIAMI - FL 33135

☒ Change ☐ Addition

SD DE LA ROSA, PILI
642 N.W. 136 AVE
MIAMI - FL 33182

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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: SPECIAL AGENT PILI DE LA ROSA (03/15/01) 305-642-6935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90499 043 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)