

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90064 017 ***150.00

0264501 AV

DOCUMENT # F01000004737

1. Entity Name

PRAMAC INDUSTRIES, INC.

Principal Place of Business

**10125 NW 116 WAY
SUITE 1
MEDLEY FL 33178**

Mailing Address

**10125 NW 116 WAY
SUITE 1
MEDLEY FL 33178**

2. Principal Place of Business

**189 Etowah Industrial Ct.
Suite, Apt. #, etc.**

3. Mailing Address

**189 Etowah Industrial Ct.
Suite, Apt. #, etc.**

City & State

Canton, GA

City & State

Canton, GA

4. FEI Number

58-2274313

Applied For

Not Applicable

Zip

30114

Country

USA

Zip

30114

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ENRIQUEZ, STEPHEN C
BISCAYNE BLDG
19 W FLAGLER ST SUITE 600
MIAMI FL 33130**

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

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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	ESTREMAOTRO, MIGUEL	
STREET ADDRESS	10125 NW 116 WAY SUITE 1	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAGLIAI, NICOLA	
STREET ADDRESS	10125 NW 116 WAY SUITE 1	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monica Romboli	
STREET ADDRESS	189 Etowah Industrial Ct.	
CITY-ST-ZIP	Canton, GA 30114	
TITLE	GM/Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Sanchez	
STREET ADDRESS	189 Etowah Industrial Ct.	
CITY-ST-ZIP	Canton, GA 30114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Monica Romboli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02
Date

770-479-2922
Daytime Phone #

CR2E034 (9/01)