

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90303 023 ***150.00

DOCUMENT # **F57477**

1. Entity Name

FRALURA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

717 PONCE DE LEON BLVD

Suite, Apt. #, etc.

S-214

3. Mailing Address

P.O. Box 144133

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

59-2435227

Applied For

Not Applicable

Zip

33134

Country

U.S.A.

Zip

33114-4133

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ALFREDO G. DURAN

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

2601 So BAYSHORE DR, S-1400

City

MIAMI

FL

Zip Code

33133

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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 **PID**
NAME **RAMON DORTA**
STREET ADDRESS **717 PONCE DE LEON BLVD. S-214**
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **SID**
NAME **FRANCISCO DORTA**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **TID**
NAME **LUIS DORTA**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **VSID**
NAME **EDUARDO DORTA**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **V-PID**
NAME **RAMON DORTA, JR.**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V-PRES/DIR.
RAMON DORTA**

4/14/03

(305) 567-0097

Date

Daytime Phone #

CR2E034B (12/01)