

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F79823

1. Entity Name

PRA FLORIDA, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90474 010 \*\*\*150.00

Principal Place of Business

Mailing Address

787 HAVANA DRIVE  
 BOCA RATON FL 33487  
 US

787 HAVANA DRIVE  
 BOCA RATON FL 80020-1214  
 US

2. Principal Place of Business

97 EAST 14th Place

3. Mailing Address

97 EAST 14th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOMFIELD COLO.

City & State

BROOMFIELD CO.

Zip  
 80020

Country

USA.

Zip

80020

Country

USA.

4. FEI Number

59-2262330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANELLA, ROSS H.  
 2640 HOLLYWOOD BLVD. #200  
 HOLLYWOOD FL 33020

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PTD  
 SCHWARTZ, DANIEL  
 787 HAVANA DR  
 BOCA RATON FL 33487 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SCHWARTZ DANIEL ☒ Change ☐ Addition  
 97 EAST 14th Place  
 BROOMFIELD CO. 80020

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VSD  
 SCHWARTZ, LIEBA  
 787 HAVANA DR  
 BOCA RATON FL 33487 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SCHWARTZ LEIBA ☒ Change ☐ Addition  
 97 EAST 14th Place  
 BROOMFIELD CO. 80020

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)