

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90073 011 \*\*\*150.00

**DOCUMENT # F85607**

1. Entity Name  
**FRELA CORPORATION**

Principal Place of Business  
**780 NW LE SEVNE RD  
 STE 516  
 MIAMI FL 33126**

Mailing Address  
**780 NW LE SEVNE RD  
 STE 516  
 MIAMI FL 33126**

**956790**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**780 NW LE JEUNE RD**

3. Mailing Address  
**780 NW LE JEUNE RD**

Suite, Apt. #, etc.  
**Ste # 516**

Suite, Apt. #, etc.  
**Ste # 516**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33126**

Country

Zip  
**33126**

Country

4. FEI Number **59-2203984** Applied For  
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PIERRA, AURELIO**  
**780 NW LE SEVNE RD STE 546**  
**OFFICE PLAZA 305**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **PEDRA, AURELIO**

Street Address (P.O. Box Number is Not Acceptable)  
**780 NW LE JEUNE RD. Ste # 546**

**OFFICE PLAZA 305**

City **MIAMI** FL Zip Code **33126**

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 \_\_\_\_\_ DATE **1-4-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 <b>DP</b>	<input type="checkbox"/> Delete
NAME <b>LANGESFELD, ALFREDO</b>	
STREET ADDRESS <b>520 BRICKELL KEY DR 305</b>	
CITY-ST-ZIP <b>MIAMI, FL 00000</b>	
TITLE <b>AS</b>	<input type="checkbox"/> Delete
NAME <b>FREEMAN, STEPHEN A</b>	
STREET ADDRESS <b>520 BRICKELL KEY DR</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
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 <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LANGESFELD, ALFREDO</b>	
STREET ADDRESS <b>780 NW LE JEUNE RD. Ste # 516</b>	
CITY-ST-ZIP <b>MIAMI, FL - 33126</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LANGESFELD, ALFREDO</b>	
STREET ADDRESS <b>780 NW LE JEUNE RD. Ste # 516</b>	
CITY-ST-ZIP <b>MIAMI, FL - 33126</b>	
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 like empowered.

SIGNATURE \_\_\_\_\_ DATE **3/22/01** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)