2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 19, 2001 8:00 am **DOCUMENT # G98330 Secretary of State** MARIO PRATS JR. AND ASSOCIATES, INC. 02-19-2001 90004 041 ***150.00 Principal Place of Business Mailing Address 300 S.W. 107TH AVENUE, SUITE 214 300 S.W. 107TH AVENUE, SUITE 214 MIAMI FL 33174 MIAMI FL 33174 UUUZ1661 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2422685 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name PRATS, MARIO JR. Street Address (P.O. Box Number is Not Acceptable) 10504 S.W. 4TH STREET **MIAMI FL 33174** City Zip Code Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Duice I. Prats TITLE ☐ Delete TITLE ☐ Addition CR2E034 (10/00 PRATS, DULCE 10504 8W 4 NAME NAME 14081 SW 8TH TERRACE MIAMI F1. 33174 STREET ADDRESS STREET ADDRESS **MIAMI FL 33184** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PRATS, MARIO JR. NAME NAME STREET ADDRESS 10504 S.W. 4TH STREET STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP CITY-ST-ZIP PRATS TITLE Delete TITLE Dulce Change ☐ Addition 14081 S.W. STA TERRALE PRATS: DULCE I-NAME NAME A1. 33184 10504 S.W. 4TH STREET STREET ADDRESS STREET ADDRESS miami CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition PRATS, MARIO III NAME NAME 10504 SW 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33174** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #