

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90077 007 ***150.00

DOCUMENT # **G98330**



1. Entity Name
MARIO PRATS JR. AND ASSOCIATES, INC.

Principal Place of Business
**300 S.W. 107TH AVENUE, SUITE 214
MIAMI FL 33174**

Mailing Address
**300 S.W. 107TH AVENUE, SUITE 214
MIAMI FL 33174**

90024141



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2422685**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PRATS, MARIO JR.
10504 S.W. 4TH STREET
MIAMI FL 33174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **PRATS, DULCE I**
STREET ADDRESS **10504 SW 4TH ST**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE Change Addition
NAME **4010 S.W 138 AVE**
STREET ADDRESS **MIAMI FL 33175**
CITY-ST-ZIP

TITLE **V** Delete
NAME **PRATS, MARIO JR.**
STREET ADDRESS **10504 S.W. 4TH STREET**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE Change Addition
NAME **4010 S.W 138 AVE**
STREET ADDRESS **MIAMI FL 33175**
CITY-ST-ZIP

TITLE **S** Delete
NAME **PRATS, DULCE I**
STREET ADDRESS **14081 SW 8TH TERR**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **PRATS, MARIO III**
STREET ADDRESS **10504 SW 4TH ST**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **1/20/03** (305) 551-6000 Daytime Phone #

CR2E034 (10/02)