

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88001

1. Entity Name

PRADO MANAGEMENT, INC.

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

05-01-2000 90052 038 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3910 NORTHDAL BLVD STE 100 TAMPA FL 33624	3910 NORTHDAL BLVD STE 100 TAMPA FL 33624-1800

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2899959	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MILLS, FREDERICK J. C/O MORRISON, MORRISON & MILLS, P.A. 1200 W. PLATT ST, STE 100 TAMPA FL 33606

7. Name and Address of New Registered Agent
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 _____ (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	
TITLE	SD <input type="checkbox"/> Delete
NAME	HERRERA, DAMARIK
STREET ADDRESS	15204 ALEXIS DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	PD <input type="checkbox"/> Delete
NAME	PRADO, JUAN C
STREET ADDRESS	6625 VAN DYKE RD
CITY-ST-ZIP	LUTZ FL 33549
TITLE	VPD <input type="checkbox"/> Delete
NAME	PRADO, JENIFER Z
STREET ADDRESS	6625 VAN DYKE RD
CITY-ST-ZIP	LUTZ FL 33549
TITLE	VPD <input type="checkbox"/> Delete
NAME	DEL CUETO, JUAN
STREET ADDRESS	15129 SPRINGMEW ST
CITY-ST-ZIP	TAMPA FL 33624
TITLE	TD <input type="checkbox"/> Delete
NAME	ROMER, JOHN A III
STREET ADDRESS	502 S. WILLOW #10
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7033 Pelican Island Dr.
CITY-ST-ZIP	Tampa FL 33634
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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRE** 4/10/00 (813) 264-9339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)