

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90086 034 \*\*\*150.00

DOCUMENT # **K37725**

1. Entity Name  
**MARIVI PRADO & ASSOCIATES, INC.**



Principal Place of Business

~~7350 SW 72 AVE~~  
~~MIAMI FL 33143~~  
~~US~~

Mailing Address

7350 SW 72 AVE  
MIAMI FL 33143  
US

2. Principal Place of Business

**8701 S.W. 87 COURT**

3. Mailing Address

**8701 S.W. 87 COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number **65-0074757**

Applied For  
☐ Not Applicable

Zip

**33173**

Country

**US**

Zip

**33173**

Country

**US**

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

6. Name and Address of Current Registered Agent

**PRADO, MARIA VICTORIA**  
**7350 SW 72 AVE**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

**Same**

Street Address (P.O. Box Number is Not Acceptable)

**8701 SW 87 CT.**

City

**MIAMI**

**FL**

Zip Code

**33173**

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 **Maria V. Prado**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

**4/27/03**  
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>PRADO, MARIA VICTORIA</b>	
STREET ADDRESS	<b>7350 SW 72 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>PRADO, MARIA VICTORIA</b>	
STREET ADDRESS	<b>7350 SW 72 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Maria V. Prado**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/03 (305) 205-2656**  
Date Daytime Phone #

CR2E034 (10/02)