

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90120 005 \*\*\*150.00

**DOCUMENT # L73591**

1. Entity Name  
**PRS INTERNATIONAL REAL ESTATE SERVICES, INC.**

Principal Place of Business  
**701 BRICKELL AVE., STE 850**  
**MIAMI FL 33131**

Mailing Address  
**701 BRICKELL AVE., STE 850**  
**MIAMI FL 33131**

2. Principal Place of Business  
**801 Brickell Avenue**  
 Suite, Apt. #, etc.  
**16th Floor**

3. Mailing Address  
**801 Brickell Avenue**  
 Suite, Apt. #, etc.  
**16th Floor**

City & State  
**Miami, FL.**

City & State  
**Miami, FL.**

4. FEI Number  
**65-0199570**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**SULLIVAN, JOHN**  
**701 BRICKELL AVE., STE 850**  
**MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

Name  
**JOHN S. SULLIVAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**801 BRICKELL AVENUE**  
**16th FLOOR**  
 City  
**MIAMI** **FL** Zip Code  
**33131**

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) 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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPT**  
**RODRIGUEZ-FRAILE, GONZALO**  
**701 BRICKELL AVE., STE 850**  
**MIAMI FL 33131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**ESPERANZA PRETUS**  
**701 BRICKELL AVE., STE 850**  
**MIAMI FL 33131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPT**  
**GONZALO RODRIGUEZ-FRAILE**  
**801 BRICKELL AVENUE, 16th FLOOR**  
**MIAMI, FL. 33131** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**ESPERANZA PRETUS**  
**801 BRICKELL AVENUE, 16th FLOOR**  
**MIAMI, FL. 33131** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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]*  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/02**

Date

**305-381-8340**

Daytime Phone #

2001006 AV

CR2E034 (9/01)