

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90120 006 ***150.00

00000763 4V

DOCUMENT # M65884

1. Entity Name

PRS INTERNATIONAL INVESTMENT ADVISORY 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

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.

16th Floor

Suite, Apt. #, etc.

16th Floor

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0076373

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SULLIVAN, JOHN S III

**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	PDST SULLIVAN, JOHN S., III 701 BRICKELL AVE., STE 850 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ-FRAILE, GONZALO 701 BRICKELL AVE., STE 850 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST JOHN S. SULLIVAN., III 801 BRICKELL AVENUE, 16TH FLOOR MIAMI, FL. 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALO RODRIGUEZ-FRAILE 801 BRICKELL AVENUE, 16TH FLOOR MIAMI, FL. 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN S. SULLIVAN

3/20/02

Date

(305) 381-8340

Daytime Phone #

CR2E034 (9/01)