

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004513

1. Entity Name

PF LAW MESSENGER, INC.

Principal Place of Business

13737 SW 149TH CIRCLE LANE, #1
MIAMI FL 33186

Mailing Address

13737 SW 149TH CIRCLE LANE, #1
MIAMI FL 33186

2. Principal Place of Business

13737 SW 149 CIRCLE LN

3. Mailing Address

SAME

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

4. FEI Number

65-0974559

Applied For

Not Applicable

Zip

33186

Country

USA

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

FRAGA, PEDRO

13737 SW 149TH CIRCLE LANE, #1
MIAMI FL 33186

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

Signature, typed or printed name of registered agent and use 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. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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 D
NAME FRAGA, PEDRO
STREET ADDRESS 13737 SW 149TH CIRCLE LANE, #1
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE D
NAME FRAGA, YOLANDA
STREET ADDRESS 13737 SW 149TH CIRCLE LANE, #1
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PEDRO FRAGA

4-11-01

305 905 0504

RETURN

5-06-01

FILED
May 21, 2001 8:00 am
Secretary of State

04-17-2001 90123 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)