

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0250085
 AV

DOCUMENT # P00000010651

1. Entity Name
FRAGA PROPERTIES, INC.

04-15-2002 90044 017 ***150.00

Principal Place of Business
1520 AGUA AVENUE
MIAMI FL 33156

Mailing Address
1520 AGUA AVENUE
MIAMI FL 33156



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0991763**

Applied For
 Not Applicable

Zip

Country

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, ALBERT J
1520 AGUA AVENUE
MIAMI FL 33156

Name **Fraga, Albert J**
 Street Address **255 Alhambra Circle Suite 380**
 City **Coral Gables** **FL** Zip Code **33134-7402**

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 *Albert J. Fraga* **Albert J. Fraga** 4/2/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FRAGA, ALBERT J	
STREET ADDRESS	1520 AGUA AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAGA, ANTONIO C	
STREET ADDRESS	5790 SW 132 TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
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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: *Albert J. Fraga* **Albert J. Fraga** 4/2/02 305 446 4567
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)