

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90160 025 \*\*\*150.00

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**DOCUMENT # P00000010651**

1. Entity Name  
**FRAGA ACQUISITION IV, INC.**



Principal Place of Business  
**1520 AGUA AVENUE  
MIAMI FL 33156**

Mailing Address  
**1520 AGUA AVENUE  
MIAMI FL 33156**



2. Principal Place of Business

**255 Alhambra Circle**

Suite, Apt. #, etc.  
**Ste. 380**

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**Miami-Dade**

3. Mailing Address

**255 Alhambra Circle**

Suite, Apt. #, etc.  
**Ste 380**

City & State  
**Coral Gables FL**

Zip  
**33134**

Country  
**Miami-Dade**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0991763**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRAGA, ALBERT J  
255 ALHAMBRA CIRCLE  
SITE 380  
MIAMI FL 33134-7402**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FRAGA, ALBERT J  
1520 AGUA AVENUE  
MIAMI FL 33156** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FRAGA, ANTONIO C  
5790 SW 132 TERRACE  
MIAMI FL 33156** ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 REQUIRED**  
**FRAGA, ALBERT J.**

**4/15/03**

**305 446 4567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)