

FILED
Apr 02, 2002 8:00 am
Secretary of State

01-21-2002 90055 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033520
1. Entity Name
THIRTY NINETY FIVE, INC.

Principal Place of Business Mailing Address
7151 SUNSET DRIVE **7151 SUNSET DRIVE**
MIAMI FL 33143 **MIAMI FL 33143**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
65-1149105
4. FEI Number **APPLIED FOR** Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASCUAL, RAUL C
7151 SUNSET DRIVE
MIAMI FL 33143

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME Delete
PTD
PASCUAL, RAUL C
STREET ADDRESS **7151 SUNSET DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE NAME Change Addition

TITLE NAME Delete
SVD
FRAGA, JOHAN M
STREET ADDRESS **940 N.W. 30TH COURT**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: *Johan M Fraga*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/02 **(305) 804 7547**
Date Daytime Phone #

CR2E034 (9/01)