

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074224

1. Entity Name
FRADORI CORPORATION

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90075 009 ***150.00

Principal Place of Business
7891 W. FLAGLER ST.
SUITE 103
MIAMI, FL 33144-2376

Mailing Address
7891 W. FLAGLER ST.
SUITE 103
MIAMI, FL 33144-2376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCISCO BANDRES
1450 BRICKELL BAY DRIVE, SUITE 412
MIAMI, FL 33131

Name
FRANCISCO BANDRES

Street Address (P.O. Box Number is Not Acceptable)
7891 W. FLAGLER ST.

SUITE 103

City MIAMI,

FL 33144-2376

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)

04/23/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to: Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
FRANCISCO BANDRES
1450 BRICKELL BAY DR. SUITE 412
MIAMI, FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P. & T
FRANCISCO BANDRES
7891 W. FLAGLER ST. SUITE 103
MIAMI, FL 33144-2373 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICEP. & SECRETARY
PATRICIA ASSUNTO
7891 W. FLAGLER ST. SUITE 103
MIAMI, FL 33144-2376 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APRIL 23/01 954-385-2284

Date

Daytime Phone #