

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90045 048 ***150.00

0111194

DOCUMENT # P00000090082

1. Entity Name

MAPRA INCORPORATED

Principal Place of Business

Mailing Address

9900 STIRLING RD. STE 218
 COOPER CITY FL 33024

9900 STIRLING RD. STE 218
 COOPER CITY FL 33024

652552

2. Principal Place of Business

3. Mailing Address

1725 MAIN ST.

1725 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste # 205

Ste # 205

City & State

City & State

Weston FL

Weston FL

4. FEI Number

65-1042653

Applied For

Not Applicable

Zip 33326

Country USA

Zip 33326

Country USA

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

ARIAS TOVAR, ILEANA ESQ
 9900 STIRLING RD, STE 218
 COOPER CITY FL 33024

Name

ARIA S, Ileana

Street Address (P.O. Box Number is Not Acceptable)

1725 MAIN ST., Ste # 205

City

Weston

FL

Zip Code

33326

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)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME PRADAS, MANUEL
 STREET ADDRESS 9900 STIRLING RD, STE 218
 CITY-ST-ZIP COOPER CITY FL 33024 ☐ Delete

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

TITLE D
 NAME ARAUJO DE PRADAS, GLORIELA
 STREET ADDRESS 9900 STIRLING RD, STE 218
 CITY-ST-ZIP COOPER CITY FL 33024 ☐ Delete

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

TITLE D
 NAME PRADAS, AMAURY
 STREET ADDRESS 9900 STIRLING RD, STE 218
 CITY-ST-ZIP COOPER CITY FL 33024 ☐ Delete

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

TITLE D
 NAME PRADAS, TOMAI
 STREET ADDRESS 9900 STIRLING RD, STE 218
 CITY-ST-ZIP COOPER CITY FL 33024 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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)(l), 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 #

04/19/01 (954) 365-2284

CR2E034 (10/00)