2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P00000103874

1. Entity Name
PRADA DISTRIBUTION, INC.

Principal Place of Business	Malling Address
1793 WEST 38TH ST.	1793 WEST 38TH ST.
HIALEAH FL 33012	HIALEAH FL 33012

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 **65-1054701**   ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
PRADA, ALIRIO	Name
6047 SW 127TH CT.	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33183	
	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

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 $550.00
After September 13, 2002 Fee will be $750.00
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

TITLE	PTD		TITLE			☐ Change ☐ Addition
NAME	PRADA, ALIRIO	☐ Delete	NAME			
STREET ADDRESS	6047 SW 127TH CT.		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVD		TITLE			☐ Change ☐ Addition
NAME	PRADA, JUAN C	☐ Delete	NAME			
STREET ADDRESS	6047 SW 127TH CT.		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP			

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

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

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

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

CR2E034 (4/02)

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: _____ SIGNATURE REQUIRED _____   9-8-02   305 3871420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Florida Department Of State
Division Of Corporations

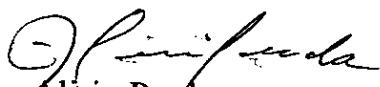RE: Prada Distribution
     FEI # 65-1054701

To Whom It May Concern:

My excuses for not paying the Ticket on time is that I receive the paper on
June of 2002 and is was not on time to make that payment. Per my
conversion with one of your representative I'm enclosing the regular
payment of $150.00 for the year.
If you have any question please call me at (305)387-1420. Our send me any
notice to that above address.
6047 S.W. 127 Ct. Miami, Florida 33183.

Thank you,

Alirio Prada