## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 05, 2001 8:00 am Secretary of State DOCUMENT # P00000108473 PRESCRIVA INTERNATIONAL INC. 05-05-2001 91101 015 \*\*\*150.00 Principal Place of Business Mailing Address 6423 COLLINS AVENUE 6423 COLLINS AVENUE **SUITE 1008 SUITE 1008** MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0914093 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Eday FFERNANDEZ MEMENDEZ, MAYDA A Street Address (P.O. Box Number is Not Acceptable) 6423 COLLINS CUL Sente 1008 6423 COLLINS AVENUE **SUITE 1008** MIAMI BEACH FL 33141 Minmi Beach 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT ☐ Change ☐ Addition Delete TITLE TITLE JORGE RECAREY NAME NAME 116 SunRise #2 A STREET ADDRESS STREET ADDRESS Key BISCAYNE 71 33149 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Sec Tireas ☐ Delete TITLE Change NAME Eday Ffernands > 6423 COLLINS are suite 1008 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 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

For French Seltres

04/24/01

(305) 861-4907.

Daytime Phone #