

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90462 040 \*\*\*150.00

**DOCUMENT # P00000111946**

1. Entity Name

**PRAIRIE MANAGEMENT INVESTMENTS CORP.**

Principal Place of Business

Mailing Address

**240 CRANDON BLVD SUITE 101  
 KEY BISCAIYNE FL 33149**

**240 CRANDON BLVD SUITE 101  
 KEY BISCAIYNE FL 33149**

2. Principal Place of Business

3. Mailing Address

**1300 Brickell Ave.**  
 Suite, Apt. #, etc.

**1300 Brickell Ave.**  
 Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip  
**33131**

Country

Zip  
**33131**

Country

4. FEI Number

**65-1061362**

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

**SANCHEZ DE VARONA, RAUL J  
 145 MADEIRA AVENUE SUITE 310  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Juan Pablo Bayona**

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

**1300 Brickell Avenue**

City **Miami**

**FL**

Zip Code **33131**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBAGALLO, MIGUEL ANGEL</b> <b>240 CRANDON BLVD SUITE 101</b> <b>KEY BISCAIYNE FL 33149</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Eduardo Imery</b> <b>1300 Brickell Avenue</b> <b>Miami FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Eduardo R. Imery</b> <b>1300 Brickell Avenue</b> <b>Miami FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**EDUARDO IMERY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/9/02**  
 Date

**(305) 351-1000**  
 Daytime Phone #

CR2E034 (9/01)