

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90391 045 ***150.00

DOCUMENT # P01000053200

1. Entity Name

PROSPERA ACQUISITION, INC.

Principal Place of Business

**201 S. BISCAYNE BLVD., 20TH FL
 MIAMI FL 33131**

Mailing Address

**201 S. BISCAYNE BLVD., 20TH FL
 MIAMI FL 33131**

2. Principal Place of Business

3900 NW 79th AVE

Suite, Apt. #, etc.

SUITE 211

City & State

MIAMI FLORIDA

Zip

33166

Country

USA

3. Mailing Address

5335 LA GORLE DRIVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1113880

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, MARC H ESQ

**201 S. BISCAYNE BLVD., 20TH FL
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

GERARD YETMING

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

5335 LA GORLE DRIVE

City

MIAMI BEACH

FL

Zip Code

33140

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

GERARD YETMING

4/9/02

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/W/S
STREET ADDRESS	Bernard Yetming
CITY-ST-ZIP	201 S. Biscayne Blvd., 28 Floor Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	Glenn Haddad
CITY-ST-ZIP	201 S. Biscayne Blvd., 28th Floor Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

Glenn M. Haddad
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-596-8200

CR2E034 (9/01)