

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90228 023 \*\*\*150.00

**DOCUMENT # P01000066011**

1. Entity Name

**PAPRIKA DEVELOPMENT CORP. - 55944**

Principal Place of Business

**100 SE 2ND STREET 18TH FLOOR  
 MIAMI FL 33131**

Mailing Address

**100 SE 2ND STREET 18TH FLOOR  
 MIAMI FL 33131**

2. Principal Place of Business

**7700 N. Kendall Dr. #505**

3. Mailing Address

**7700 N Kendall Dr, #505**

Suite, Apt. #, etc.

**Attn: P. Gribbon, CPA**

Suite, Apt. #, etc.

**Attn: Patrick Gribbon**

City & State

**MIAMI, FL**

City & State

**Miami, Florida**

Zip

**33156**

Country

**USA**

Zip

**33156**

Country

**USA**

4. FEI Number

**65-1120961**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLANCO, MARIANA C**

**100 SE 2ND STREET 18TH FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**JOHN H. FRIEDHOFF**

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

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.

SIGNATURE

**JOHN H. FRIEDHOFF**

**4/11/02**

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 **President/Treasurer/** ☐ Delete  
 NAME **Secretary - Fernando Aguirre C**  
 STREET ADDRESS **7700 N. Kendall Drive, No. 505**  
 CITY-ST-ZIP **Miami, Florida 33156**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
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TITLE ☐ Delete

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 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

**FERNANDO AGUIRRE C. PRES. 4/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)