


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90951 021 \*\*\*150.00

<b>DOCUMENT #</b> P01000095151			
1. Entity Name FRIENDLY PRINCE, INC.			
Principal Place of Business 848 BRICKELL AVENUE, SUITE 1000 MIAMI FL 33131		Mailing Address 848 BRICKELL AVENUE, SUITE 1000 MIAMI FL 33131	
2. Principal Place of Business 848 BRICKELL AVENUE		3. Mailing Address 848 BRICKELL AVENUE	
Suite, Apt. #, etc. PENTHOUSE I		Suite, Apt. #, etc. PENTHOUSE I	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33131	Country	Zip 33131	Country
4. FEI Number 65-1142135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 900 INGRHAM 25 S.E. 2ND AVENUE MIAMI FL 33131		7. Name and Address of New Registered Agent Name 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____		DATE: _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARDID, MIGUEL 848 BRICKELL AVE. <del>STE 1000</del> PENTHOUSE I MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARDID DIEGO 848 BRICKELL AVE PENTHOUSE I MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARDID, JOSE M 848 BRICKELL AVE <del>STE 1000</del> PENTHOUSE I MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARDID, INIGO 848 BRICKELL AVE <del>STE 1000</del> PENTHOUSE I MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARDID DIEGO 848 BRICKELL AVE PENTHOUSE I <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date: 04/22/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSE ARDID PRESIDENT		Daytime Phone #: (305) 377-1001	

CRE034 (10/02)