

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90104 036 ***150.00

DOCUMENT # P01000101477

1. Entity Name
PRADA AND SON INVESTMENT CORPORATION



Principal Place of Business
13943 SW 44 ST
DAVIE FL 33330

Mailing Address
13943 SW 44 ST
DAVIE FL 33330



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
23080B SANDALFOOT PLAZA DRIVE

3. Mailing Address
23080B SANDALFOOT PLAZA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOCA RATION FL

City & State
HOCA RATION FL

4. FEI Number **65-1147071**

☐ Applied For
☐ Not Applicable

Zip
33428

Country

Zip
33428

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOLFORD, DEBORAH A
1580 SAWGRASS PARKWAY, SUITE 130
SUNRISE FL 33323-2860

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PRADA, RONALD F**
STREET ADDRESS **13943 SW 44 ST**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

561-482-3772

Date

Daytime Phone #

CR2E034 (10/02)