

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-24-2003 90646 044 ***115.00
P01000113102

DOCUMENT # P01000113102

1. Entity Name
PRAXIS MANAGEMENT INC.



FILED

03 APR 14 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 LENOX AVE APT 4
MIAMI BEACH FL 33139

Mailing Address
800 LENOX AVE APT 4
MIAMI BEACH FL 33139

2. Principal Place of Business

696 NE 71 ST

3. Mailing Address

696 NE 71 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1155592

Applied For

Not Applicable

Zip 33138

Country USA

Zip 33138

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARK
MACK, LAUREN
800 LENOX AVE #4
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name Lauren Mack-Ascencios

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

696 NE 71 Street

City Miami Beach

FL

Zip Code 33138

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

Lauren Mack-Ascencios

3/17/03

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOTSPEICH, BRADSHAW
STREET ADDRESS 1618 MICHIGAN AVE SUITE 33
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ Delete

TITLE
NAME ASCENCIOS, JULIO
STREET ADDRESS 696 NE 71 Street
CITY-ST-ZIP Miami, FL 33138 Pres. ☐ Delete

TITLE
NAME MARK-ASCENCIOS
STREET ADDRESS 696 NE 71 Street
CITY-ST-ZIP Miami FL 33138 VP/CEO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)