

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90104 034 \*\*\*158.75

0066916  
AV

**DOCUMENT #** P02000041379

**1. Entity Name**  
P.R. WINGS, INC.



**Principal Place of Business**  
3901 NORTHWEST 79 AVENUE  
SUITE 113  
MIAMI FL 33166

**Mailing Address**  
3901 NORTHWEST 79 AVENUE  
SUITE 113  
MIAMI FL 33166



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

04-3646542

☒ Applied For

☐ Not Applicable

**5. Certificate of Status Desired**

☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

**7. Name and Address of New Registered Agent**

Name **PABLO M. RIVERA**

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

3901 N.W. 79 AVE SUITE 113

City **MIAMI FL**

Zip Code **33166**

**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 **PABLO M. RIVERA** DIRECTOR

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

(NOTE: Registered Agent signature required when reinstating)

**9-02-03**

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, PABLO M 3901 NORTHWEST 79 AVENUE MIAMI FL 33166	<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	SVT RIVERA, DELIA E 3901 NORTHWEST 79 AVENUE MIAMI FL 33166	<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
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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:**

**PABLO M. RIVERA** DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #  
80144717  
PO20000041379

Florida Dept. Of State  
Division of Corporations

To whom it may concern:

Regarding the corporation UNIFORM BUSINESS REPORT for P.R. WINGS INC. we hereby request waiver of penalty fee due the corporation did not received prior notice. Thanks for your attention to this matter.



Pablo M. Rivera, Director