

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90385 047 ***150.00

DOCUMENT # P02000050382

1. Entity Name
PRAYCO INC.



Principal Place of Business
1470 NW 126TH LANE
SUNRISE FL 33323

Mailing Address
1470 NW 126TH LANE
SUNRISE FL 33323

2. Principal Place of Business
2545 WEST 80 STREET
Suite, Apt. #, etc.
11

3. Mailing Address
1470 NW 126 LANE
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
SUNRISE, FLORIDA

Zip
33010
Country
USA

Zip
33323
Country
USA

4. FEI Number
043659911

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

PRADA, CESAR
1470 NW 126TH LANE
SUNRISE FL 33323

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]* **CESAR PRADA**

1/28/03
DATE

Signature, typed or printed name of registered agent and file 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

TITLE **D** ☐ Delete
NAME **PRADA, CESAR**
STREET ADDRESS **1470 NW 126TH LANE**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **TREASURY** ☐ Delete
NAME **VICTOR A. PRADA**
STREET ADDRESS **1470 NW 126 LANE**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **SECRETARY** ☐ Delete
NAME **ELIZABETH PRADA**
STREET ADDRESS **1470 NW 126 LANE**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME
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STREET ADDRESS
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]* **CESAR A. PRADA** **1/28/03** **305-828-8510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)