


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91834 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052609 1. Entity Name P R INVESTMENTS ENTERPRISES INC. ✓	
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DO NOT WRITE IN THIS SPACE

80113392

2. Principal Place of Business P O BOX 5824 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. SAME City & State SAME City & State MIAMI BEACH Zip 33141 Country DADE
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0426824	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name REBECCA GARCIA	
	Street Address (P.O. Box Number is Not Acceptable) 9755 SW 56 ST	
	City MIAMI	Zip Code FL 33165

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT REBECCA GARCIA P O BOX 5824 MIAMI BEACH FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/15/03 Date	305-300-6635 Daytime Phone #
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CR2E034B (12/02)