2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 04, 2001 8:00 am DOCUMENT # | P93000053511 Secretary of State PARRANDA VENTURES, INC. 05-04-2001 90030 045 ***150.00 Principal Place of Business Mailing Address 4725 SW 8TH ST 4725 SW 8TH ST 007188 MIAI FL 33134 MIAI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0432644 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SARRIA, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 4725 SE 8TH **CORAL GABLES FL 33134** Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) Delete TITLE ☐ Change ☐ Addition TITLE SARRIA, FEDERICO NAME NAME 1700 GRANADA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition SARRIA, MARIA DEL C NAME NAME 1700 GRANADA BLVD STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-7iP CITY-ST-ZIP . 🗀 Change JITLE . Delete TiT1 F . 🖸 Addition SARRIA, FRANCISCO NAME NAME 1700 GRANADA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL** CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition SARRIA, RICARDO NAME 1700 GRANADA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 tracked empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.