

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90023 046 ***150.00

DOCUMENT # P93000053511

1. Entity Name
PARRANDA VENTURES, INC.

Principal Place of Business

**4725 SW 8TH ST
 MIAI FL 33134**

Mailing Address

**4725 SW 8TH ST
 MIAI FL 33134**

DUU26133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0432644**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SARRIA, FRANCISCO
 4725 SE 8TH
 CORAL GABLES FL 33134**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	SARRIA, FEDERICO	1700 GRANADA BLVD	MIAI, FL 33134	<input type="checkbox"/>
		4725 S.W. 8th		
S	SARRIA, MARIA DEL C	1700 GRANADA BLVD	MIAI, FL 33134	<input type="checkbox"/>
		4725 S.W. 8th		
P	SARRIA, FRANCISCO	1700 GRANADA BLVD	MIAI, FL 33134	<input type="checkbox"/>
		4725 S.W. 8th		
V	SARRIA, RICARDO	1700 GRANADA BLVD	MIAI, FL 33134	<input type="checkbox"/>
		4725 S.W. 8th		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 trustee 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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/1/02** Daytime Phone #

CR2E034 (9/01)