

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90111 006 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

**DOCUMENT # P93000053511**

1. Entity Name  
**PARRANDA VENTURES, INC.**

Principal Place of Business  
**4725 SW 8TH ST  
MIAMI FL 33134**

Mailing Address  
**4725 SW 8TH ST  
MIAMI FL 33134**

2. Principal Place of Business  
Suite/Apt. #, etc.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2003. Fee will be \$550.00**  
**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

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>SARRIA, FEDERICO</b>	
STREET ADDRESS	<b>4225 SW 8TH</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>SARRIA, MARIA DEL C</b>	
STREET ADDRESS	<b>4225 SW 8 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>SARRIA, FRANCISCO</b>	
STREET ADDRESS	<b>4725 SW 8TH</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>SARRIA, RICARDO</b>	
STREET ADDRESS	<b>4725 SW 8TH</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **X SARRIA** SIGNATURE REQUIRED **3/4/03**  
Date Daytime Phone #

CR2E034 (10/02)