

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024985

1. Entity Name

PRT ENTERPRISES & CONSULTING SERVICES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90086 022 ***150.00

Principal Place of Business	Mailing Address
13121 SW 108TH ST 906 MIAMI FL 33186 US	13121 SW 108TH ST 906 MIAMI FL 33186-3420 US

2. Principal Place of Business <i>13121 SW 108 ST</i>	3. Mailing Address <i>13121 SW 108 ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIAMI - FLORIDA</i>	City & State <i>MIAMI - FLORIDA</i>
Zip <i>33186-3420</i>	Country <i>USA</i>

4. FEI Number 65-0478875	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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6. Name and Address of Current Registered Agent	
NELSON, GARY 801 BRICKELL AVE. 9TH FLOOR MIAMI FL 33131	

7. Name and Address of New Registered Agent	
Name <i>NELSON, GARY</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1401 BRICKELL AVE - SUITE 300</i>	
City <i>Miami</i>	FL Zip Code <i>33131</i>

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

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, 2000 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	PD TEIXEIRA, PAULO R 13121 SW 108TH STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEIXEIRA, DULCELINA C 13121 SW 108 STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>33186-3420</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>33186-3420</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/00 *305-3889389*
Date Daytime Phone #

CR2E034 (9/99)