

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000076748**

1. Entity Name

UFORIA, INC.**FILED**
Sep 12, 2000 8:00 am
Secretary of State

08-22-2000 90222 029 ***558.75

Principal Place of Business

1036 S. MIAMI AVE.
MIAMI FL 33131
US

Mailing Address

1036 S. MIAMI AVE.
MIAMI FL 33131
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2121 PONCE DE LEON STE 240

Suite, Apt. #, etc.

SUITE 240

City & State

CORAL GABLES, FL.

Zip

##1#

Country

4. FEI Number

65-0531746

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVALHO, SUSAN P
21440 HIGHLAND LAKES BLVD
N MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

GABRIEL PRATS

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON**SUITE 240**

City

CORAL GABLES, FL.**FL**

Zip Code

33134

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 date if applicable.

(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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS ☐ DeleteNAME **CARVALHO, SUSAN P**
STREET ADDRESS **19698 E. COUNTRY CLUB DR.**
CITY-ST-ZIP **AVENTURA FL 33180**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☐ AdditionNAME **CARVALHO, SUSAN P.**
STREET ADDRESS **21440 HIGHLAND LAKES BLVD.**
CITY-ST-ZIP **NORTH MIAMI BEACH, FLORIDA 33179**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
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 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 REQUIRED SUSAN P. CARVALHO PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 104-00000