

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079335

1. Entity Name

E.F. PRIETO SERVICES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90205 026 ***150.00

Principal Place of Business	Mailing Address
1181 N.W. 162 AVENUE PEMBROKE PINES FL 33028-1229	1181 N.W. 162 AVENUE PEMBROKE PINES FL 33028-1229

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0533135	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOSEPH S LANIA CPA PA 8982 TAFT ST PEMBROKE PINES FL 33024	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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRIETO, ENRIQUE F 1181 N.W. 162 AVENUE PEMBROKE PINES FL 33028-1229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PRIETO, YISEL M 1181 N.W. 162 AVENUE PEMBROKE PINES FL 33028-1229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **7-20-00** **954-432-1281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Joseph S. Lania, C.P.A., P.A.
8982 Taft Street
Pembroke Pines, FL 33024-4649
(954) 432-2299 or 432-0272 Fax: 432-7339

**FILING
INSTRUCTIONS**

NAME E.F. PRIETO SERVICES, Inc.

DATE 04/20/2000

PY4000079335
850603

Return

- () Federal Income Tax () Federal Payroll Tax
() State Income Tax () State Payroll Tax
(☒) FLORIDA CORP. ANNUAL REPORT () Other _____

Due Date (S)

Mail (☒) Deposit () on or Before MAY 1, 2000

Period Covered

2000

Signature

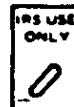
ON BLOCK 13.

Payment

- (☒) Officer () Other _____
(☒) Make your check for \$ 150⁰⁰ payable to:
() Internal Revenue Service () Florida Unemployment Comp.
Fund
() Department of Revenue (☒) Other DEPT. OF STATE
() Your bank with a coupon marked as follows:

AMOUNT OF DEPOSIT (Do NOT type; please print)									
DOLLARS					CENTS				

← EIN



Darken only one TYPE OF TAX		Darken only one TAX PERIOD
<input type="checkbox"/> 941	<input type="checkbox"/> 945	<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 990C	<input type="checkbox"/> 1120	<input type="checkbox"/> 2nd Quarter
<input type="checkbox"/> 943	<input type="checkbox"/> 990T	<input type="checkbox"/> 3rd Quarter
<input type="checkbox"/> 720	<input type="checkbox"/> 990PF	<input type="checkbox"/> 4th Quarter
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042	

☐ 940

26

FOR BANK USE IN MICR ENCODING

Overpayment

() \$ _____ will be ☐ Refunded ☐ Credited To You.

*

Comments PLEASE, PAY BY 05/01/2000. AFTER
5/1, THE FEE GOES UP TO \$ 550⁰⁰

DO NOT MAIL THIS INSTRUCTION SHEET WITH YOUR RETURN