

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90051 022 ***150.00

DOCUMENT # P95000004800

1. Entity Name

PRADO INVESTMENT CORPORATION

712379



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4160 W. 16TH AVENUE SUITE 402 HIALEAH FL 3301	Mailing Address 141 NE 24TH STREET MIAMI FL 33137-4830 US
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2. Principal Place of Business 141 NE 24 ST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State	4. FEI Number 65-0551473	Applied For <input type="checkbox"/> Not Applicable
Zip 33137-4830	Country US	Zip	Country

6. Name and Address of Current Registered Agent VALDES, JUAN E 4160 W. 16TH AVENUE SUITE 402 HIALEAH FL 33012		7. Name and Address of New Registered Agent Name JOSE SUAREZ Street Address (P.O. Box Number is Not Acceptable) 141 NE 24 ST City MIAMI FL Zip Code 33137-4830	
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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 *Arnaldo Miranda* **ARNALDO MIRANDA, PRESIDENT** 1/6/00
Signature, typed or printed name of registered agent and title 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) <input 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 PD	MIRANDA, ARNALDO 141 N.E. 24TH ST. MIAMI FL 33137 <input checked="" type="checkbox"/> Delete	TITLE PSTD	JOSE SUAREZ 141 NE 24 ST MIAMI, FL. 33137-4830 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	SUAREZ, JOSE 141 N.E. 24TH ST. MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE 	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE 	 <input type="checkbox"/> Delete	TITLE 	 <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: *Arnaldo Miranda* **ARNALDO MIRANDA** 1/6/00 (305) 443-9888
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)