

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90183 015 \*\*\*150.00

**DOCUMENT # P95000040133**

1. Entity Name  
**PRIVED ENTERPRISES, INC.**

Principal Place of Business

**5960 SW 57TH AVE  
 MIAMI FL 33143**

Mailing Address

**5960 SW 57TH AVE  
 MIAMI FL 33143**

2. Principal Place of Business

**1500 SAN REMO AVE.**

Suite, Apt. #, etc.

**300**

City & State

**CORAL GABLES, FL.**

**33146**

Country  
**USA**

3. Mailing Address

**1500 SAN REMO AVE.**

Suite, Apt. #, etc.

**# 300**

City & State

**CORAL GABLES, FL.**

**33146**

Country  
**USA**

**00052186**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0587366**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHREIBER, GERHARDT A  
 RICE FOWLER-2222 PONCE DE LEON BLVD  
 PENTHOUSE SUITE  
 CORAL GABLES FL 33134**

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 \_\_\_\_\_

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Delete  
 NAME **ALVAREZ, JULIO E**  
 STREET ADDRESS **3211 ALAHAMBRA CIR**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS **1500 SAN REMO AVE., # 300**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33146**

TITLE **VP**  Delete  
 NAME **WOLFBERG, DAVID A**  
 STREET ADDRESS **13500 SW 66TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS **1500 SAN REMO AVE., # 300**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33146**

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
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TITLE \_\_\_\_\_  Delete  
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 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

**4-27-01 (305) 666-5474**

Date

Daytime Phone #

CR2E034 (10/00)