

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040133

1. Entity Name

PRIVED ENTERPRISES, INC.

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

05-15-2001 90183 015 ***150.00

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.

3. Mailing Address

1500 SAN REMO AVE.

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

33146

USA

33146

USA

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

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

7. Name and Address of New Registered Agent

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

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

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

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 1500 SAN REMO AVE., # 300
CITY-ST-ZIP CORAL GABLES, FL. 33146

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

TITLE
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CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 (305) 666-5474

CR2E034 (10/00)