

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90064 003 \*\*\*150.00

**DOCUMENT #** P950000092024 ✓  
**1. Entity Name**  
**PRIETO APPLIANCES SUPPORT, INC**

**Principal Place of Business** **Mailing Address**  
**15048 SW 173 TERRACE 15048 SW 173 TERRACE**  
**MIAMI, FL 33187-4207 MIAMI, FL 33187-4207**

**2. Principal Place of Business** **3. Mailing Address**  
**15048 SW 173 TERRACE SAME as above**

**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**

**City & State** **City & State**  
**MIAMI, FL 33187-4207**

**Zip** **Country** **Zip** **Country**  
**33187-4207 USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **Applied For**  
**65-0617778** **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**ERNESTO E. PRIETO**  
**15048 SW 173 TERRACE.**  
**MIAMI, FL 33187-4207**

**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** *Ernesto Prieto* **04/28/2002**  
 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.** ☐  
**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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ERNESTO PRIETO		STREET ADDRESS		
CITY-ST-ZIP	15048 SW 173 TERRACE		CITY-ST-ZIP		
	MIAMI, FL 33187-4207				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VICE-CHAIRMAN		STREET ADDRESS		
CITY-ST-ZIP	FATIMA E. PRIETO		CITY-ST-ZIP		
	15048 SW 173 TERRACE.				
	MIAMI, FL 33187-4207				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *Ernesto Prieto* **04/28/2002** **(305) 251-8741**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)