

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053481

1. Entity Name

PRICE INVESTORS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90313 024 ***150.00

Principal Place of Business

C/O 283 CATALONIA AVE.
2ND FLOOR
CORAL GABLES FL 33134

Mailing Address

C/O 283 CATALONIA AVE.
2ND FLOOR
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0676420

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

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DR
STE 700
MIAMI FL 33126

Name

Miami Corporate Systems, Inc.

Street Address (P.O. Box Number is Not Acceptable)

283 Catalonia Avenue, 2nd Floor

City

Coral Gables

FL

Zip Code

33134

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's signature required when re-registering)

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
NAME RASCO, RAMON E
STREET ADDRESS 5200 BLUE LAGOON DR., STE 700
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE PD ☒ Change ☐ Addition
NAME Rasco, Ramon E
STREET ADDRESS 283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP Coral Gables, FL 33134

TITLE S
NAME ESQUENAZI, SALOMON B
STREET ADDRESS 5200 BLUE LAGOON DR., STE 700
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE S ☒ Change ☐ Addition
NAME Esquenazi, Salomon B
STREET ADDRESS 283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DVP
NAME Abascal, Lorenzo
STREET ADDRESS c/o 283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME Orriols, Alina
STREET ADDRESS c/o 283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)