

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070709

1. Entity Name

PRAGA, INC

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90162 027 ***150.00

Principal Place of Business

8305 SW 152 AVE. SUITE 514
MIAMI FL 33193

Mailing Address

8305 SW 152 AVE. SUITE 514
MIAMI FL 33193-4058

2. Principal Place of Business

17324 S.W 138 ct

3. Mailing Address

Same as Principal Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

FL-33177

Country

Zip

Country

4. FEI Number

65-0689722

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

Name

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

17324 SW 132 ct

City Miami

FL

Zip Code

33177

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, 2000 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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, JUAN		NAME	
STREET ADDRESS	8305 SW 152 AVE, SUITE 514		STREET ADDRESS	17324 SW 138 ct
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP	Miami- FL 33177
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD
NAME	MESA, JUAN		NAME	Villosenor, Priscilla
STREET ADDRESS	8305 SW 152 AVE, SUITE 514		STREET ADDRESS	17324 S.W 138 ct
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP	Miami- FL 33177
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00 (305) 992-3701
Date Daytime Phone #

CR2E034 (9/99)