

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000070709**  
 1. Entity Name  
**PRAGA INC**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90053 005 \*\*\*158.75

Principal Place of Business Mailing Address  
**17324 SW 138 CT** **17324 SW 138 CT**  
**MIAMI, FL 33177** **MIAMI, FL 33177**

60020240

2. Principal Place of Business 3. Mailing Address  
**17324 SW 138 CT** **17324 SW 138 CT**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**MIAMI, FL** **MIAMI, FL** **65 0689722** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
**33177** **USA** **33177**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**Priscilla Villasenor** Name  
**17324 SW 138 CT** Street Address (P.O. Box Number is Not Acceptable)  
**Miami, FL 33177** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 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	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN MESA		NAME	PRISCILLA VILLASENOR	
STREET ADDRESS	17324 SW 138 CT		STREET ADDRESS	17324 SW 138 CT	
CITY-ST-ZIP	MIAMI FL 33177		CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Priscilla Villasenor		NAME	JUAN MESA	
STREET ADDRESS	17324 SW 138 CT		STREET ADDRESS	17324 SW 138 CT	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	MIAMI, FL 33177	
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		
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		
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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

2/10/01 (786) 293-3499  
 Date Daytime Phone #

CR2E034 (11/00)