

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90032 016 \*\*\*158.75

**DOCUMENT # P98000090879**

1. Entity Name  
**PRIJES TRADING, INC.**

Principal Place of Business <del>10431 NW 28TH STREET</del> <del>SUITE E 101</del> <del>MIAMI FL 33172</del>	Mailing Address <del>8051 NW 36TH ST</del> <del>STE 600</del> <del>MIAMI FL 33166-6626</del> <del>US</del>
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2. Principal Place of Business <b>10040 NW. 43 TERR.</b>	3. Mailing Address <b>8201 NW. 66 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>70.3</b>



DO NOT WRITE IN THIS SPACE

City & State <b>Miami FLORIDA</b>	City & State <b>Miami Florida</b>	4. FEI Number <b>65-0890195</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33178</b>	Country <b>MIAMI-DADE</b>	Zip <b>33166</b>	Country <b>MIAMI-DADE</b>

6. Name and Address of Current Registered Agent <b>LOPES, EDSON JR</b> <del>10431 NW 28TH STREET</del> <del>SUITE E 101</del> <del>MIAMI FL 33172</del>	7. Name and Address of New Registered Agent Name <b>LOPEZ, EDSON JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10040 NW. 43 TERRACE</b> City <b>Miami</b> FL Zip Code <b>33178</b>
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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 DATE **4/14/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD LOPES JUNIOR, EDSON <del>10431 NW 28TH ST #E 101</del> <del>MIAMI FL 33172</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Lopes Junior Edson 10040 NW. 43 Terrace Miami, FL. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARJIONI SILVA, RALUCIA <del>10431 NW 28TH ST # E 101</del> <del>MIAMI FL 33172</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Garjioni Silva, Raluca 10040 NW. 43 Terrace Miami, FL. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: DATE **4/14/2000** (305) 358-0133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)