

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022111

1. Entity Name

FRYING PAN AURAL ASSOCIATES, INC.

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

04-03-2000 90162 039 ***150.00

Principal Place of Business 10875 SW 112 AVE #116 MIAMI FL 33176	Mailing Address 10875 SW 112 AVE #116 MIAMI FL 33176-3222
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0910836	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRUJILLO, REINALDO SR
10875 SW 112 AVE #116
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: Reinaldo Trujillo
Street Address (P.O. Box Number is Not Acceptable): 10611 SW 159th COURT
City: Miami FL Zip Code: 33196-3624

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: Reinaldo Trujillo DATE: 3/28/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signing 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	PD TRUJILLO, REINALDO JR 10875 SW 112 AVE #116 MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRUJILLO, MARY LOU 10611 SW 159 COURT MIAMI FL 33196-3624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Reinaldo Trujillo DATE: 3/28/2000 DAYTIME PHONE #: 305-785-0852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)