

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022111

1. Entity Name

FRYING PAN AURAL ASSOCIATES, INC.

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90059 019 \*\*\*150.00

Principal Place of Business

10875 SW 112 AVE #116  
MIAMI FL 33176

Mailing Address

10875 SW 112 AVE #116  
MIAMI FL 33176

2. Principal Place of Business

780 NE 69th Street

3. Mailing Address

Same as

Suite, Apt. #, etc.

#403

Suite, Apt. #, etc.

Principal place  
of business

City & State

Miami FL

City & State

OF business

Zip

33138

Country

Miami-DADE

Zip

Country

6. Name and Address of Current Registered Agent

TRUJILLO, REINALDO SR  
10611 SW 159th COURT  
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

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/2001  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRUJILLO, REINALDO JR	
STREET ADDRESS	10875 SW 112 AVE #116	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRUJILLO, MARY LOU	
STREET ADDRESS	10611 SW 159 COURT	
CITY-ST-ZIP	MIAMI FL 33196-3624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

4/24/2001 305-785-0852  
Date Daytime Phone #

CR2E034 (10/00)