

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070902

1. Entity Name

PRANICH & ASSOCIATES MIAMI, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90002 030 ***158.75

Principal Place of Business

Mailing Address

400 CLEMATIS ST., STE. 200
WEST PALM BEACH FL 33401

400 CLEMATIS ST., STE. 200
WEST PALM BEACH FL 33401-5322

2. Principal Place of Business

180 N. E. 39th Street

3. Mailing Address

400 Clematis Street

Suite, Apt. #, etc.

Suite #112

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

City & State

West Palm Beach, FL

Zip

33137

Country

Zip

33401

Country

4. FEI Number

65-0952486

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRANICH, NORANIT T.
400 CLEMATIS ST., STE. 200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

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

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

TITLE Pres., Sec., Treas. ☐ Delete
NAME Pranich, Noranit Tui
STREET ADDRESS 400 Clematis St., Suite 200
CITY-ST-ZIP West Palm Beach, FL 33401-5322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #