

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90314 010 ***150.00

DOCUMENT # P99000076980

1. Entity Name

PTA PARTNERS INC.

Principal Place of Business

Mailing Address

**150 ALHAMBRA CIRCLE
 SUITE 800
 CORAL GABLES FL 33134**

**150 ALHAMBRA CIRCLE
 SUITE 800
 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 ALHAMBRA CIRCLE

3. Mailing Address

201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 901

SUITE 901

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

Zip

Zip

33134

Country

USA

33134

Country

USA

4. FEI Number

65-0985680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VERDEJA, OCTAVIO JR.
 150 ALHAMBRA CIRCLE
 SUITE 800
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Octavio A Verdeja Jr**
 Street Address (P.O. Box Number is Not Acceptable) **201 Alhambra #901**
 City **Coral Gables FL** Zip **33134**

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, 2002 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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **VERDEJA, OCTAVIO JR.**
 CITY-ST-ZIP **8620 OLD CUTTER RD MIAMI FL 33143**

TITLE ☐ Delete
 NAME **VJD**
 STREET ADDRESS **DE ARMAS, PEDRO**
 CITY-ST-ZIP **1510 BLUE ROAD MIAMI FL 33146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)