

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90051 030 ***150.00

DOCUMENT # S51559

1. Entity Name
PRAZER, INC.

Principal Place of Business

Mailing Address

7601 E. TREASURE DR.
 APT 1023
 N. BAY VILLAGE FL 33141

7601 E. TREASURE DR.
 APT 1023
 N. BAY VILLAGE FL 33141

2. Principal Place of Business
1012 NE 203 LN

3. Mailing Address
1012 NE 203 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North. miami beach, FL

City & State
N. miami beach, FL

4. FEI Number **65-0367755**

Applied For
 Not Applicable

Zip
33179

Country
USA.

Zip
33179

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOARES, JACQUEUNE
 7601 E. TREASURE DR.
 APT 1023
 N. BAY VILLAGE FL 33141

Name **JACQUELINE SILVA SOARES**

Street Address (P.O. Box Number is Not Acceptable)
1012 N.E. 203RD LN

City **N. MIAMI BEACH FL** Zip Code **33179**

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 *Jacqueline Soares*

DATE **02/01/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** Delete
 NAME **VIEIRA, MANOEL C.M.**
 STREET ADDRESS **1581 BRICKELL AVE., #1005**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **PVST** Change Addition
 NAME **LOURDES IRENE LUVIZOTTO**
 STREET ADDRESS **1012 NE 203RD LN**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **D** Delete
 NAME **VIEIRA, MANOEL C.M.**
 STREET ADDRESS **1581 BRICKELL AVE., #1005**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** Change Addition
 NAME **LOURDES IRENE LUVIZOTTO**
 STREET ADDRESS **1012 NE 203RD LN**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *LOURDES IRENE LUVIZOTTO*
LOURDES IRENE LUVIZOTTO - PRESIDENT

305 249-7080
 Daytime Phone #

CR2E034 (10/00)