

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00179

1. Entity Name

FRAGA HOLDINGS, L.C.

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90128 041 \*\*\*\*50.00

Principal Place of Business

C/O ANTONIO O. FRAGA  
2299 DOUGLAS RD., 4TH FLOOR  
MIAMI FL 33145

Mailing Address

C/O ANTONIO O. FRAGA  
2299 DOUGLAS RD., 4TH FLOOR  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0247706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAGA, ANTONIO O.  
2299 DOUGLAS RD.  
4TH FLOOR  
MIAMI FL 33145

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
M FRAGA, ANTONIO O. 2299 DOUGLAS RD.4TH FL MIAMI FL			
M FIRC MANAGEMENT, INC 2299 DOUGLAS RD.4TH FL MIAMI FL			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)