

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90407 001 \*\*\*\*50.00

**DOCUMENT # L00000008894**

1. Entity Name  
**PROMAN, LLC.**

**968000**

Principal Place of Business      Mailing Address  
**18331 PINES BLVD. M-170**      **18331 PINES BLVD. M-170**  
**PEMBROKE PINES FL 33029**      **PEMBROKE PINES FL 33029**



DO NOT WRITE IN THIS SPACE

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 **65-1042703**      Applied For  
~~APPLIED FOR~~      Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ZALEZ, ALEJANDRO M**  
**19061 NW 21 ST**  
**PEMBROKE PINES FL 33029**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR, member</b> <b>ZALEZ, ALEJANDRO M.</b> <b>18331 PINES BLVD. ok PMB #170</b> <b>PEMBROKE PINES FL ok 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER, MEMBER</b> <b>Add M.</b> <b>add PMB #170</b> <b>zip 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <b>LUIS M. GONZALEZ</b> <b>7069 SW 22ND STREET</b> <b>MIAMI FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**      MEMBER **9/15/02**      501-213-1994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)