2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051891

1. Entity Name

PROLABEL, INC.

Principal Place of Business	Mailing Address
~~5918 RODMAN STREET~~ ~~HOLLYWOOD FL 33023~~ 3361 NW 168th ST MIAMI, FL 33056	~~5918 RODMAN STREET~~ ~~HOLLYWOOD FL 33023~~ SAME

2. Principal Place of Business 3361 NW 168th ST

3. Mailing Address SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

405170

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL

City & State

4. FEI Number **65-0592482**

☐ Applied For
☐ Not Applicable

Zip 33056 Country USA

Zip

Country

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
TOME, JAY R 2701 PONCE DE LEON BLVD CORAL GABLES FL 33134	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, 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 PVD NAME FERNANDEZ, RAMON STREET ADDRESS 2701 PONCE DE LEON BLVD CITY-ST-ZIP MIAMI FL 33134		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE ST NAME FERNANDEZ, RAMON STREET ADDRESS 2701 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES FL 33134		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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 #

CR2E034 (10/00)