

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90110 037 \*\*\*150.00

**DOCUMENT # P97000058484**

1. Entity Name

**PROPER COMPOSITION INC.**

Principal Place of Business

Mailing Address

261 NAVARRE AVE #204  
 CORAL GABLES FL 33134

261 NAVARRE AVE #204  
 CORAL GABLES FL 33134-4425

2. Principal Place of Business

3. Mailing Address

2742 S.W. 8th #201  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI - FL  
 City & State

City & State

33135  
 Zip

Zip

Country

Country

4. FEI Number

65-0764921

Applied For

Not Applicable

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

**GONZALEZ, MARA**  
**2742 S.W. 8TH STREET**  
**SUITE 201**  
**MIAMI FL 33136**

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 *Mara Gonzalez*

04-14-00

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ-RIVADENEIRA, MARA	
STREET ADDRESS	3009 SALZEDO ST	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, MARA	
STREET ADDRESS	261 NAVARRE AVE #204	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P. V.A.S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Mara	
STREET ADDRESS	261 Navarre #204	
CITY-ST-ZIP	Coral Gables FL/33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mara Gonzalez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-00

Date

Daytime Phone #

CFR2E034 (9/99)