

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90208 029 ***150.00

DOCUMENT # 854929

1. Entity Name
PROGRESOS VENEZUELA, C.A.



Principal Place of Business
1111 NE 25TH AVE.
#202
OCALA FL 34470
US

Mailing Address
1111 NE 25TH AVE.
#202
OCALA FL 34470
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2539796**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, LARRY M
1111 NE 25TH AVE.
#202
OCALA FL 34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CORKERN, DONALD	
STREET ADDRESS	CARRETERA N AV 44 APARTADO 137	
CITY-ST-ZIP	CIUDAD OJEDA, VENEZ.	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEST, GEORGE	
STREET ADDRESS	CARRETERA N AV 44 APARTADO 137	
CITY-ST-ZIP	CIUDAD OJEDA, VENEZ.	
TITLE	S	<input type="checkbox"/> Delete
NAME	DANNER, JOSEINA	
STREET ADDRESS	CARRETERA N AV 44 APARTADO 137	
CITY-ST-ZIP	CIUDAD OJEDA, VENEZ.	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONESOS, ELISA	
STREET ADDRESS	CARRETERA N AV 44 APARTADO 137	
CITY-ST-ZIP	CIUDAD OJEDA, VENEZ.	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)