

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90093 034 \*\*\*558.75

010441 AT

**DOCUMENT # F01000005254**

1. Entity Name

**MAKE PRO USA, INC.**

Principal Place of Business

**200 WEST 57TH STREET SUITE 403  
 NEW YORK NY 10019**

Mailing Address

**200 WEST 57TH STREET SUITE 403  
 NEW YORK NY 10019**



2. Principal Place of Business

**560 Lincoln Road**

3. Mailing Address

**200 W. 57th St.**

Suite, Apt. #, etc.

**Suite 403**

Suite, Apt. #, etc.

**Suite 403**

City & State

**Miami Beach, Florida**

City & State

**New York, NY**

Zip

**33139**

Country

**DADA**

Zip

**10019**

Country

**USA**

4. FEI Number

**13-4187246**

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

**HRAWG COPR.**

**1801 N. MILITARY TRAIL**

**SUITE 200**

**BOCA RATON FL 33431**

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

*CA Specht*

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **DP**  
 NAME **MORAN, BRUCE E**  
 STREET ADDRESS **200 West 57th St, Ste. 403**  
 CITY-ST-ZIP **New York, NY 10019**

☐ Delete

TITLE **DSVT**  
 NAME **SPECHT, CAROLYN**  
 STREET ADDRESS **200 WEST 57TH STREET SUITE 403**  
 CITY-ST-ZIP **NEW YORK NY 10019**

☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**  
 NAME **MORAN, BRUCE E.**  
 STREET ADDRESS **200 WEST 57th St, Ste 403**  
 CITY-ST-ZIP **New York, NY 10019**

☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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TITLE ☐ 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:

*CA Specht*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*September 12, 2002*

Date 9/12/02 586 4222

CR2E034 (4/02)