

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90260 028 ***150.00

DOCUMENT # F87544

1. Entity Name
PROFESSIONAL PROMOTIONAL PRODUCTS CORP.



Principal Place of Business
**7875 N.W. 12 ST.
STE 109 B
MIAMI FL 33126
US**

Mailing Address
**7875 N.W. 12 ST.
STE 109 B
MIAMI FL 33126
US**

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 **59-2300616**

Applied For
Not Applicable

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

**PICANS, RENE
13315 SW 98 PL
MIAMI FL 33176**

Name **PICANS RENE**
Street Address (P.O. Box Number is Not Acceptable)

8814 SW 113 PL CIR E

City **MIAMI**

FL

Zip Code **33176**

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 *Rene Picans*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/21/03**

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 **DP** ☐ Delete
NAME **PICANS, RENE**
STREET ADDRESS **13315 SW 98 PL**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☒ Change ☐ Addition
NAME **8814 SW 113 PL CIR E**
STREET ADDRESS **MIAMI FL 33176**
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **PICANS, YOLANDA**
STREET ADDRESS **13315 SW 98TH PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **8814 SW 113 PL CIR E**
STREET ADDRESS **MIAMI FL 33176**
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **AMADO, JULIO E.**
STREET ADDRESS **13315 SW 98TH PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **8814 SW 113 PL CIR E**
STREET ADDRESS **MIAMI FL 33176**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Rene Picans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

305 594 7102

Daytime Phone #

CR2E034 (10/02)