

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K24974

1. Entity Name

PROGRESS REUNITED CORPORATION

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90050 032 \*\*\*150.00

Principal Place of Business

520 BRICKELL KEY DRIVE #A-1416  
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE #A-1416  
MIAMI FL 33131-2660

2. Principal Place of Business

520 Brickell Key Drive

Suite, Apt. #, etc.

A-1416

City & State

MIAMI FL

Zip

33131

Country

U.S.A.

3. Mailing Address

520 Brickell Key Dr

Suite, Apt. #, etc.

A-1416

City & State

MIAMI FL

Zip

33131

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0183558

☒ 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

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, 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	DPT	<input type="checkbox"/> Delete
NAME	BASILIO, J. A.	
STREET ADDRESS	520 BRICKELL KEY DR #305	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BASILIO, JR., J.A.	
STREET ADDRESS	520 BRICKELL KY DR A1416	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (305) 372-3764

Date

Daytime Phone #

CR2E034 (9/99)