

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000529

1. Entity Name

PROAICON USA LLC

Principal Place of Business

Mailing Address

1810 KINGSPONTE PKWY STE 105
ORLANDO FL 32819

2. Principal Place of Business

1810 KINGSPONTE PKWY STE 105

Suite, Apt. #, etc.

105

City & State

ORLANDO FL

Zip

32819

Country

3. Mailing Address

7810 KINGSPONTE PKWY

Suite, Apt. #, etc.

105

City & State

ORLANDO FL

Zip

32819

Country

4. FEI Number

59-3599732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00

Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

HECTOR H. BAUTISTA

Street Address (P.O. Box Number is Not Acceptable)

3126 REDWOOD NATIONAL DR APT 4108

City

ORLANDO

FL

Zip Code

32837

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: *H. Bautista*

HECTOR BAUTISTA - MGRM

6/22/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECTOR H. BAUTISTA 3126 REDWOOD NATIONAL DR APT 4108 ORLANDO FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIEGO BAUTISTA 142-B CASCADE ST DELTONA FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	00000033191815 -07/07/00-01013-016 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

H. Bautista

6-22-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CRZE083 (11/99)