

2001 UNIFORM BUSINESS REPORT (UBR)

0006995 AF

DOCUMENT # L00000000529

1. Entity Name

PROAICON USA, L.L.C.

FILED *WCH/6*
01 JAN 30 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

7810 KINGSPORTE PKWY. SUITE 105
ORLANDO FL 32819

Mailing Address

7810 KINGSPORTE PKWY. SUITE 105
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3599732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUTISTA, HECTOR ESQ.

3126 REDWOOD NATIONAL DR., APT. 4108

ORLANDO FL 32837

Name BAUTISTA HECTOR

Street Address (P.O. Box Number is Not Acceptable)
12505 LYNCHBURG CT.

City ORLANDO

FL

Zip Code 32837

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]
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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BAUTISTA, HECTOR ☐ Delete
STREET ADDRESS 3126 REDWOOD NATIONAL DR., APT. 4108
CITY-ST-ZIP ORLANDO FL 32837

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 12505 LYNCHBURG CT.
CITY-ST-ZIP ORLANDO FL 32837

TITLE NAME MGR BAUTISTA, DIEGO ☐ Delete
STREET ADDRESS 142-B CASCADE STREET
CITY-ST-ZIP DELTONA FL 32725

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003656818--B
CITY-ST-ZIP -02/08/01--01009--016
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/23/01

CR2E083 (11/00)