

2002 UNIFORM BUSINESS REPORT
DOCUMENT # L-000000000529

PROAICON USA LLC.

FILED

2002 DEC 12 AM 10:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 7810 KINGSPOINTE PKWY Suite, Apt. #, etc. 105	3. Mailing Address P.O. BOX 770178 Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
Zip 32819	Country
Country	Zip 32877

4. FEI Number 59-3599732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HECTOR BAUTISTA

7. Name and Address of New Registered Agent
Name
HECTOR BAUTISTA
Street Address (P.O. Box Number is Not Acceptable)
13825 OSPREY LINKS RD
STE 259
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  HECTOR A. BAUTISTA 12-10-02
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
Due By September 26, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HECTOR H. BAUTISTA 13825 OSPREY LINKS RD. STE 259 ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIEGO A. BAUTISTA 142-B CASCADE ST DELTONA FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000009488020 12/12/02--01057--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  12-10-02 (407) 222-2623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2002 

CR2E083 (5/01)