

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90407 001 ****50.00

DOCUMENT # L00000008894

1. Entity Name

PROMAN, LLC.

Principal Place of Business

**18331 PINES BLVD. M-170
 PEMBROKE PINES FL 33029**

Mailing Address

**18331 PINES BLVD. M-170
 PEMBROKE PINES FL 33029**

968000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEL Number

65-1042403
APPLIED FOR
65-1042403

Applied For

Not Applicable

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

**HALEZ, ALEJANDRO M
 19061 NW 21 ST
 PEMBROKE PINES FL 33029**

OK

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR, member** ☐ Delete
 NAME **HALEZ, ALEJANDRO M.**
 STREET ADDRESS **18331 PINES BLVD. OK PMB #170**
 CITY-ST-ZIP **PEMBROKE PINES FL OK 33029**

TITLE **MANAGER, MEMBER** ☐ Change ☒ Addition
 NAME **add M.**
 STREET ADDRESS **add PMB #170**
 CITY-ST-ZIP **zip 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEMBER** ☐ Change ☒ Addition
 NAME **LUIS M. GONZALEZ**
 STREET ADDRESS **7069 SW 21st STREET**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 REQUIRED

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

MEMBER 4/15/02 501-213-1994

Date

Daytime Phone #

CR2E083 (9/01)