2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011655

1. Entity Name
PROQUIBER 2000, LLC

Principal Place of Business	Mailing Address
~~706 N.W. 128 PL.~~	~~706 N.W. 128 PL.~~
~~MIAMI FL 33182~~	~~MIAMI FL 33182~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1130 NW 159 DR
Suite, Apt. #, etc.

3. Mailing Address 1130 NW 159 DR
Suite, Apt. #, etc.

City & State MIAMI FL
Zip 33169 Country USA

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4. FEI Number 65-1043731
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
PFIEFFER, MARC A 706 N.W. 128 PL. MIAMI FL 33182	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

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE MGR NAME PFIEFFER, MARC A STREET ADDRESS 706 N.W. 128 PL. CITY-ST-ZIP MIAMI FL 33182 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 600003891556---1 --03/21/01--01118--005 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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_ 3/6/01 (305) 625 6242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #