

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005889

1. Entity Name

PRO GROUP WORLDWIDE L.L.C.

Principal Place of Business
8217 N.W. 30TH TERR.
MIAMI FL 33122

Mailing Address
8217 N.W. 30TH TERR.
MIAMI FL 33122

2. Principal Place of Business

3038 NW 82 Ave

3. Mailing Address

3038 NW 82 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

6. Name and Address of Current Registered Agent

ALAN AZPURUA, ALEJANDRO
8217 N.W. 30TH TERR.
MIAMI FL 33122

Name

ALAN AZPURUA, ALEJANDRO

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

3038 NW 82 Ave

City

Miami

FL

Zip Code

33122

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)

FILE NOW!!! FEE IS \$50.00

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

ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
ALAN AZPURUA, ALEJANDRO
7621 N.W. 175TH ST.
MIAMI FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
URDANETA, CARMEN
7621 N.W. 175TH ST.
MIAMI FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SABER, MOHAMMED
116 SANDY DR.
NEWARK DE 19713

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DE AZPURUA, IRMA
AVENIDA JUAN DE CASTELLANOS, APT. 28-29B
MARGARITA ESTADO VENEZUELA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MARCANO DE AZPURUA, LEONORA
AVENIDA JUAN DE CASTELLANOS, APT. 28-29B
MARGARITA ESTADO VENEZUELA

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
AZPURUA, ALEJANDRO G
AVENIDA JUAN DE CASTELLANOS, APT. 28-29B
MARGARITA ESTADO VENEZUELA

☒ Delete

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

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

Date

Daytime Phone

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90054 011 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)