

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90103 038 ***158.75

DOCUMENT # L01752

1. Entity Name
PROSALUD, INC.

Principal Place of Business
P.O. BOX 8622
CORAL SPRINGS FL 33075

Mailing Address
P.O. BOX 8622
CORAL SPRINGS FL 33075

2. Principal Place of Business

3. Mailing Address

P.O. Box 8622

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL SPRINGS, FLORIDA

Zip

Country

Zip

Country

33075

USA

4. FEI Number 65-0132328

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEIRA, GABRIEL RICARDO
12420 SW 1 STRD
CORAL SPRINGS FL 33071

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	☐ Delete
NAME	NEIRA, RICARDO	
STREET ADDRESS	12420 SW 1 STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	☐ Delete
NAME	NEIRA, GABRIEL	
STREET ADDRESS	12420 SW 1 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T	☐ Delete
NAME	NEIRA, CLAUDIA	
STREET ADDRESS	12420 SW 1 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	☐ Delete
NAME	NEIRA, ALEXANDRA	
STREET ADDRESS	8333 W MCNAB ST, STE 116	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	☒ Change ☐ Addition
NAME	NEIRA, RICARDO	
STREET ADDRESS	7011 NW 111 TERR, PARKLAND ISLES	
CITY-ST-ZIP	PARKLAND, FLORIDA, 33076	
TITLE	D	☒ Change ☐ Addition
NAME	NEIRA, GABRIEL R.	
STREET ADDRESS	7011 NW 111 TERR, PARKLAND ISLES	
CITY-ST-ZIP	PARKLAND, FLORIDA, 33076	
TITLE	T	☒ Change ☐ Addition
NAME	NEIRA, CLAUDIA	
STREET ADDRESS	7011 NW 111 TERR, PARKLAND ISLES	
CITY-ST-ZIP	PARKLAND, FLORIDA, 33076	
TITLE	S	☒ Change ☐ Addition
NAME	NEIRA, ALEXANDRA	
STREET ADDRESS	7011 NW 111 TERR, PARKLAND ISLES	
CITY-ST-ZIP	PARKLAND, FLORIDA, 33076	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)