

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

0022784

DOCUMENT # N97000000557

1. Entity Name
PRODEMI, INC.



07-07-2003 90137 045 ****70.00

Principal Place of Business
**1631 NW 16TH AVE
MIAMI FL 33125
US**

Mailing Address
**1631 NW 16TH AVE
MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0753910**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CALDERON, EDGAR
132 S.W. 31 AVENUE
MIAMI FL 33135**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/03/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CALDERON, EDGAR	
STREET ADDRESS	132 S.W. 31 AVENUE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CANALES, VICTOR	
STREET ADDRESS	1631 N.W. 16TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIFFER, DOMINGO	
STREET ADDRESS	1852 N.W. 19 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASTELLON, DENIS	
STREET ADDRESS	120 S.W. 109 AVENUE N. #19	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLINA, MARIO	
STREET ADDRESS	74 WEST 8 STREET, APT. N-1	
CITY-ST-ZIP	HALEAH FL 33010	
TITLE	T	<input type="checkbox"/> Delete
NAME	MIDENCE, FELIX	
STREET ADDRESS	6774 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

07/03/03

CR2E037 (10/02)