2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

Principal Place of Business

P00000012108

Mailing Address

1. Entity Name

PROGEMS USA CORP.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90176 004 ***150.00

COD WE IN	

36 NE 1ST STREET. SEYBOLD BLDG. STE 942 MIAMI FL 33132 2. Principal Place of Business			36 NE 1ST STREET, SEYBOLD BLDG. STE 942 MIAMI FL 33132 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK_HERE_IF_M	AKING_CHANGE	=S			
City & State		City & State		4.	4. FEI Number CF 0070040 Applied For					
Zip	Country Zip		Coun	Country				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Regist			
SUDARSKY, HARRY 36 NE 1ST STREET, SEYBOLD BLDG. STE 942					Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33132				City				FL Zip Co	ode	
SIGNATURE _	Signature, typed	submits this statement fored agent. or printed name of registered agen FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	t and title if applicable. (NC		d office or re	required when re	ent, or both, in the State of Florida. instating) 9. Election Campaign Financin Trust Fund Contribution.	DATE \$5.	n, and accept OO May Be ed to Fees	
10.	_ 	OFFICERS AND		11.		40	DITIONS (CHANGES TO OFFICER	AND DIRECTO	50 (1) (1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUDARSKY 36 NE 1ST MIAMI FL 3	/, HARRY ST, SEYBOLD BLDG	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP	AU	DITIONS/CHANGES TO OFFICERS	G AND DIRECTO ☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15.00		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE CITY-:	r address St-Zip			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**** * _	□ Delete -	TITLE NAME STREE CITY-S	ADDRESS ST-ZIP	e	agentina to the same and the sa	☐ Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	·		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information supplied with	Delete	CITY-S		in Openit	40.02/03/07	☐ Change	Addition	

Indicated on this report or supplied with this filling 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 suppliemental report is five 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changes of the corporation of the corporation of the receiver trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the re changed, or on an attache

SIGNATURE: