

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0190659 AV

03-14-2002 90087 042 ***158.75

DOCUMENT # P00000017303

1. Entity Name
PRO GENETICS, INC.

Principal Place of Business
150 W FLAGLER ST STE 2600
MIAMI FL 33130

Mailing Address
P O BOX 141720
CORAL GABLES FL 33114-1720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 141720

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES FL

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33114-1720

Country

Zip

Country

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

NUÑEZ, RICARDO
150 W FLAGLER ST STE 2600
MIAMI FL 33130

Name
NUÑEZ, RICARDO

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

10 NW 42nd. AVE. Suite 300 E

City
MIAMI

FL

Zip Code
33126

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]

RICARDO NUÑEZ

MARCH 3, 2002

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, 2002 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
PD ☒ **Delete**
NAME
NUÑEZ, RICARDO
STREET ADDRESS
150 W. FLAGLER ST., STE. 2600
CITY-ST-ZIP
MIAMI FL 33130

TITLE
PD ☒ **Change** ☐ **Addition**
NAME
NUÑEZ, RICARDO
STREET ADDRESS
10 NW 42nd AVE SUITE 300 E
CITY-ST-ZIP
MIAMI, FL 33126

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO NUÑEZ

03/03/02 305 446 063
 Date Daytime Phone #

CR2E034 (9/01)