

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90037 007 ***150.00

DOCUMENT # P00000019040

1. Entity Name
PROACTIVE STRATEGIES, INC.

Principal Place of Business 2730 S.W. 3RD AVE., STE. 202 MIAMI FL 33129	Mailing Address 1500 SAN REMO AVE., STE. 125 MIAMI FL 33146
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2. Principal Place of Business 3300 N.E. 192nd Street Suite, Apt. #, etc. Suite 1004	3. Mailing Address Suite, Apt. #, etc.
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City & State Aventura, FL	City & State	4. FEI Number 65-0984889	Applied For <input type="checkbox"/> Not Applicable
Zip 33180	Country USA	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE. 125
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
 Name **FERNANDO SILVA**
 Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 AV
SUITE 100
 City **NORTH MIAMI BEACH** FL Zip Code **33162**

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]* (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 NAME STREET ADDRESS CITY-ST-ZIP	PSD WOHLSTEIN, BELI 2730 S.W. 3RD AVE., STE. 202 MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WOHLSTEIN, BELI 3300 N.E. 192nd Street., Suite 1004 Aventura, FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Bely Wohlstein* 4-27-01 (305) 935-0669
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01841
CR2E034 (10/00)