

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90078 024 \*\*\*150.00

DOCUMENT # **PO0000019040**

Entity Name  
**Proactive Strategies, Inc.**

Principal Place of Business  
**3300 NE 192 St # 1004**  
**Aventura FL 33180**

Mailing Address  
**16300 NE 19 AVENUE SUITE 100**  
**NORTH MIAMI BEACH FL 33162**



Principal Place of Business  
**16300 NE 19 AVE**

3. Mailing Address  
**16300 NE 19 AVE**

DO NOT WRITE IN THIS SPACE

City & State  
**North Miami Beach FL**

4. FEI Number  
**65-0984889**

Zip  
**33162**

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

6. Name and Address of Current Registered Agent  
**SILVA, FERNANDO**  
**16300 NE 19 AVENUE SUITE 100**  
**NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent  
 Name **Fernando Silva**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16300 NE 19 AVE**

City **North Miami Beach FL** Zip Code **33162**

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]* **2/13/02**

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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**

OFFICERS AND DIRECTORS	
OFFICER/DIRECTOR NAME	<input type="checkbox"/> Delete
OFFICER/DIRECTOR NAME	<input type="checkbox"/> Delete
OFFICER/DIRECTOR NAME	<input type="checkbox"/> Delete
OFFICER/DIRECTOR NAME	<input type="checkbox"/> Delete
OFFICER/DIRECTOR NAME	<input type="checkbox"/> Delete
OFFICER/DIRECTOR NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **02-25-02**

CR2E034 (9/01)