FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90433 026 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019864

1. Entity Name
PRO ENTERPRISES USA, INC.

Principal Place of Business	Mailing Address
8217 N.W. 30TH TERRACE MIAMI FL 33122	8217 N.W. 30TH TERRACE MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7758 NW 46 ST	3. Mailing Address: 7621 SW 175TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: USA	Zip: 33157 Country: USA

4. FEI Number 65-1045272 — Applied For / Not Applicable

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
HART, DAVID J 100 N BISCAYNE BLVD. SUITE 2800 MIAMI FL 33132	Name: AZPURUA, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable): 7621 SW 175TH ST City: MIAMI FL Zip Code: 33157

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: A. Azpurua
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD URDANETA, CARMEN 7821 NW 175TH STREET MIAMI FL 33172 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AZPURUA, ALEJANDRO A 7821 S.W. 175TH STREET MIAMI FL 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: A. Azpurua 04/30/02 305 718/8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #