

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000037423**

1. Entity Name

**PROCURE XPORT USA CORPORATION**

Principal Place of Business

**1725 N. 16TH AVENUE  
SUITE 216  
HOLLYWOOD FL 33020**

Mailing Address

**1725 N. 16TH AVENUE  
SUITE 216  
HOLLYWOOD FL 33020**

2. Principal Place of Business

**1725 N. 16TH AVENUE**

3. Mailing Address

**P.O. BOX 223613**

Suite, Apt. #, etc.

**SUITE 216**

Suite, Apt. #, etc.

City &amp; State

**HOLLYWOOD, FLORIDA**

City &amp; State

**HOLLYWOOD, FLORIDA**

Zip

**33020**

Country

**USA**

Zip

**33022**

Country

**USA**

4. FEI Number

**65-1015938**

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

**FILINGS, INC.****3732 N.W. 16TH STREET****FT. LAUDERDALE FL 33311-4132**

Name

**Horton Gordon-Taylor**

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

**1725 N. 16TH AVENUE****SUITE 216**

City

**HOLLYWOOD****FL****33020**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**March 30, 2001**

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	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>GORDON-TOYLO, HORTON</b>			
	<b>1725 N. 16TH AVENUE SUITE 216</b>			
	<b>HOLLYWOOD FL 33020</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 30, 2001 (954) 927-9909**

Date

Daytime Phone #

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90138 028 \*\*\*150.00

**00033674**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)