2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 15, 2002 8:00 am Secretary of State DOCUMENT # P00000037423 1. Entity Name 05-15-2002 90095 043 ***150.00 PROCURE XPORT USA CORPORATION Principal Place of Business Mailing Address 1725 N 16TH AVENUE P O BOX 223613 **SUITE 216** HOLLYWOOD FL 33022 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 1725 N. 16TH AVENUE P.O.BOX 223613 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 216 City & State City & State 4. FEI Number Applied For 65-1015938 HOLLYWOOD, FLORIDA HOLLYWOOD, FLORIDA Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33020 33022 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Horton Gordon-Toylor GORDON-TOYLOR, HORTON Street Address (P.O. Box Number is Not Acceptable) 1725 N 16TH AVENUE STE 216 SUITE 216 HOLLYWOOD FL 33020 Zip Code 33020 HOLLYWOOD 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. April 24,2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change **□ Addition** NAME GORDON-TOYLOR, HORTON NAME STREET ADDRESS 1725 N. 16TH AVENUE SUITE 216 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-719 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition □#Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.