

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90089 009 ***150.00

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1. Entity Name
PROCURE XPORT USA CORPORATION



Principal Place of Business
**1725 N 16TH AVENUE
SUITE 216
HOLLYWOOD FL 33020**

Mailing Address
**P O BOX 223613
HOLLYWOOD FL 33022**

2. Principal Place of Business
1725 N. 16th. Avenue

3. Mailing Address
P.O.BOX 223613

Suite, Apt. #, etc.
Suite 216

Suite, Apt. #, etc.
N/A

City & State
Hollywood, Florida

City & 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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GORDON-TOYTOR, HORTON
1725 N 16TH AVENUE
STE 216
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name
Horton Gordon-Toytor
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

March 24, 2003

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

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GORDON-TOYTOR, HORTON	1725 N. 16TH AVENUE SUITE 216	HOLLYWOOD FL 33020	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 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

(954) 927-9909

March 24, 2003

Date

Daytime Phone #

CR2E034 (10/02)