

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90108 013 \*\*\*150.00

DOCUMENT # P00000041514

1. Entity Name

PROCTOR USA, INC.

DBA Certa Propainters

Principal Place of Business

PO BOX 226965  
MIAMI FL 33122-6965

Mailing Address

PO BOX 226965  
MIAMI FL 33122-6965

2. Principal Place of Business

1355 W. Palmetto Park Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#167

City & State

Boca Raton, FL

City & State

4. FEI Number

65-1002141

Applied For

Not Applicable

Zip

Country

Zip

Country

33486

U.S.A.

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

AMADO, CONSTANZA  
9804 COSTA DEL SOL BLVD.  
MIAMI FL 33178

Name

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

City

FL

Zip Code

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

*Constanza Amado*

4-17-01

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME D  
STREET ADDRESS AMADO, CONSTANZA  
CITY-ST-ZIP 9804 COSTA DEL SOL BLVD.  
MIAMI FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS PYCO, MANUEL  
CITY-ST-ZIP 5561-SW 1ST-COURT  
PLANTATION FL 33317

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS LESMES, RAMIRO  
CITY-ST-ZIP 5561 SW 1ST COURT  
PLANTATION FL 33317

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Constanza Amado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

(305) 389-3745

Daytime Phone #

CR2E034 (10/00)