

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90150 005 \*\*\*150.00

**DOCUMENT # P00000041514**

1. Entity Name  
**PROCTOR USA, INC.**



Principal Place of Business  
**1355 W PALMETTO PARK ROAD  
#167  
BOCA RATON FL 33486**

Mailing Address  
**1355 W PALMETTO PARK ROAD  
#167  
BOCA RATON FL 33486**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1002141**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PYCO, JOSE MANUEL  
1355 W PALMETTO PARK ROAD  
#169  
BOCA RATON FL 33486**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-14-03**

**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 **\$5.00 May Be Added to Fees**  
Trust Fund Contribution: ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD PYCO, JOSE MANUEL**  
STREET ADDRESS **15035 MICHELANGELO BLVD #203**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☒ Change ☐ Addition  
NAME **PD PYCO, JOSE MANUEL**  
STREET ADDRESS **6190 wiles Road #304**  
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☐ Delete  
NAME **VD LESHES, JAIME RAMIRO**  
STREET ADDRESS **7856 MONARCH COURT**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☒ Change ☐ Addition  
NAME **VD LESHES, JAIME RAMIRO**  
STREET ADDRESS **7856 MONARCH COURT**  
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-10-03 (561) 929 3404**

CR2E034 (10/02)