

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90242 009 ***158.75

DOCUMENT # P00000056642

1. Entity Name

PROCONFORT ENTERPRISES GROUP, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3800 E. Country Club Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 350473

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

AVENTURA, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-1030936

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33335-0473

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

EDUARDO JIMENEZ

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

14350 E. Country Club Dr.

City

AVENTURA

FL

Zip Code

33180

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)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$158.00

After May 1 Fee is \$350.00

Extended UBR is \$61.25

Must Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	ANAMARIA JIMENEZ
STREET ADDRESS	PO BOX 350473
CITY - ST - ZIP	FT. LAUDERDALE, FL 33335-0473
TITLE	STD
NAME	MARLEBITA JIMENEZ
STREET ADDRESS	PO BOX 350473
CITY - ST - ZIP	FT. LAUDERDALE, FL 33335-0473
TITLE	PD
NAME	EDUARDO JIMENEZ
STREET ADDRESS	P.O. BOX 350473
CITY - ST - ZIP	FT. LAUDERDALE, FL 33335-0473
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

EDUARDO JIMENEZ PD

4/10/02 (305) 792-4920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)