

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 007 ***150.00

DOCUMENT # P000000 83554

1. Entity Name

PROLINE MARKETING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8306 MILLS DR.

3. Mailing Address

8306 MILLS DR.

Suite, Apt. #, etc.

289

Suite, Apt. #, etc.

289

City & State

Miami, FL

City & State

Miami, FL

Zip

33183

Country

U.S.A

Zip

33183

Country

USA

4. FEI Number

65-1036733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ASDRUVAL GONZALEZ

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

8306 MILLS DR.

289

City

Miami

FL

Zip Code

33183

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)

2/22/02

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 \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ASDRUVAL GONZALEZ 8306 MILLS DR. #289 Miami, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FERNANDO BARRAGAN 8306 MILLS DR. #289 Miami, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

Date

(305) 242-0043

Daytime Phone #

CR2E034B (12/01)