

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90210 044 ***150.00

0505660

DOCUMENT # P00000083835

1. Entity Name

PROIMAGEN CORP.

Principal Place of Business

**14004 FOREST OAK CIRCLE
 DAVIE FL 33331**

Mailing Address

**14004 FOREST OAK CIRCLE
 DAVIE FL 33331**

2. Principal Place of Business

1290 Weston Road

3. Mailing Address

1290 Weston Road

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Weston FL

City & State

Weston FL

Zip

33326

Country

Zip

33326

Country

4. FEL Number

65-1056623

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, DON ESQ
 9050 PINES BLVD SUITE 450-F
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

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

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

TITLE **PD** ☐ Delete
 NAME **CUBA, JAIRO**
 STREET ADDRESS **14004 FOREST OAK CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33331**

TITLE **VD** ☐ Delete
 NAME **LOPEZ, ARELIS**
 STREET ADDRESS **14004 FOREST OAK CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33331**

TITLE **SD** ☐ Delete
 NAME **POVEDA, DAVID**
 STREET ADDRESS **14004 FOREST OAK CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33331**

TITLE **TD** ☐ Delete
 NAME **GUERRERO, HERNAN**
 STREET ADDRESS **14004 FOREST OAK CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-01

Date

Daytime Phone #

CR2E034 (10/00)