

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90185 002 ***150.00

DOCUMENT # P00000083835

1. Entity Name
PROIMAGEN CORP.

Principal Place of Business

**1290 WESTON ROAD
 SUITE 210
 WESTON FL 33326**

Mailing Address

**1290 WESTON ROAD
 SUITE 210
 WESTON FL 33326**

2. Principal Place of Business

**1675 Market Street
 Suite 203**

3. Mailing Address

**1675 Market Street
 Suite 203**

City & State

Weston

City & State

Weston

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI 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, 2002 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	<input type="checkbox"/> Delete
NAME	CUBA, JAIRO	
STREET ADDRESS	14004 FOREST OAK CIRCLE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, ARELIS	
STREET ADDRESS	14004 FOREST OAK CIRCLE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POVEDA, DAVID	
STREET ADDRESS	14004 FOREST OAK CIRCLE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUERRERO, HERNAN	
STREET ADDRESS	14004 FOREST OAK CIRCLE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jairo Cuba
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02
 Date

Daytime Phone #

CR2E034 (9/01)