APR-27-2001 09:29 ASHER & COMPANY, LTD

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90163 032 ***150.00

DOCUMENT # P00000086554

1. Entity Name
PRO-BODIES SERVICES, INC.

Principal Place of Business
794 SANDPIPER DRIVE
NIT 12
OYNTON BEACH FL 33436

Mailing Address
3794 SANDPIPER DRIVE
UNIT 12
BOYNTON BEACH FL 33436

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1040206 ☐ Applied For ☐ Not Applicable

343 ALMERIA AVENUE
CORAL GABLES FL 33134

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RHIGAS, ALEXIS		NAME		
STREET ADDRESS	3794 SANDPIPER DRIVE UNIT 12		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE	VSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RHIGAS, DANIELE		NAME		
STREET ADDRESS	3794 SANDPIPER DRIVE UNIT 12		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Daniele Rhigas Daniele Rhigas 4/26/01 561 945-4856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #