

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90132 004 ***150.00

03167772

DOCUMENT # P00000092469

1. Entity Name
PRO TECH SOURCE, INC.



Principal Place of Business
12924 SW 133 CT
MIAMI FL 33186

Mailing Address
12924 SW 133 CT
MIAMI FL 33186



2. Principal Place of Business
9601 SW 142 Ave
Suite Apt. #, etc. 503

3. Mailing Address
Same
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State Miami - FL

4. FEI Number 65-1046606

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DE SOUZA, IOLANDA
9601 SW 142 AVENUE SUITE 503
MIAMI FL 33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE SOUZA, IOLANDA 9601 SW 142 AVENUE SUITE 503 MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: IOLANDA DE SOUZA President Jan 21/2003 (305) 387-1087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Iolanda de Souza Date Daytime Phone #

CR2E034 (10/02)