

2001 UNIFORM BUSINESS REPORT (UBR)

4/19

FILED
May 17, 2001 8:00 am
Secretary of State

04-19-2001 90061 043 ***150.00

DOCUMENT # **900000103993**

1. Entity Name

PRODET INC

Principal Place of Business

Mailing Address

833C SOCIETY HILL DR
WPR, FL 33415

833C SOCIETY HILL DR
WPR, FL 33415

2. Principal Place of Business

3. Mailing Address

833C SOCIETY HILL DR
 Suite, Apt. #, etc.

833C SOCIETY HILL
 Suite, Apt. #, etc.

City & State

City & State

WPR FL
33415

WPR FL
33415

4. FEI Number

65-1072467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSE EDGAR VARON
833C SOCIETY HILL DR
WPR, FL 33415

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-8-01

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	PRESIDENT	☐ Delete
NAME	JOSE EDGAR VARON	
STREET ADDRESS	833C SOCIETY HILL DR	
CITY-ST-ZIP	WPR FL 33415	
TITLE	VICE PRESIDENT	☐ Delete
NAME	ROBERTO H. ARIAS	
STREET ADDRESS	833C SOCIETY HILL DR	
CITY-ST-ZIP	WPR FL 33415	
TITLE	SECRETARY	☐ Delete
NAME	LUCY MARY CASIRO	
STREET ADDRESS	833C SOCIETY HILL DR	
CITY-ST-ZIP	WPR FL 33415	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

[Signature] **PRESIDENT.**

3-8-01

Date

561 967 8846

Daytime Phone

CR2034 (11/00)