## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) ÉIÏ FD **DOCUMENT #** P00000103993 1. Entity Name 02 OCT 15 PH 12: 52 Prodelt Inc SECRETARY OF STATE TALLAHASSEE, FLORID. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 50C 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For West Palm Beach. 65-107 Not Applicable Country Zip Country \$8.75 Additional bolm Beach 5. Certificate of Status Desired П Fee Required 7. Name and Address of Current Registered Agent 10SE UARON DO NOT WRITE Street Address (P.O: Box Number is Not Acceptable): IN THIS SPACE SOCIETY MILL 8. The above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida ignature, 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 January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE JOSE E. VHEON NAME CR2E034B (12/01 NAME 800008380398 STREET ADDRESS STREET ADDRESS -10/15/02--01067--006 CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*150.00 \* \*\*\*\*150.00 \* TITLE U TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Document # P00000103993

Prodelt Inc, 833C Society Hill Drive West Palm Beach Fl, 33415 Document # *P0000103993* 

9/20/2002

To whom it may Concern:

Back in January 15,2002 I was at my Accountant / Bookkeepers office where I left my documentation for renewal of my Uniform Business Report believing it was all taken care of. However I received a notice of late penalties and fees because it was never filed. I have tried to reach our accountant/ bookkeeper with no luck. I am sending the payment now and I am desperate and disappointed in the person I trusted. Please let me know if there is any further information needed.

Thank you,

Jose Edgar Baron