2002 Uniform Business Report (UBR) **DOCUMENT #** P00000110366

FILED Apr 01, 2002 8:00 am

| 1. Entity Name PROQUIMIA CORP. | | | | | 04-01-2002 90615 0 | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------|---------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------|--|
| Principal Place of Business 1130 NW 159 DR MIAMI FL 33169 | | Mailing Address 1130 NW 159 DR MIAMI FL 33169 | | | Մոքողու | | | |
| Principal Place of Business 3. Mailing Address | | | · <u>-</u> | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | | | 4 . F | El Number 65-1058255 | | pplied For ot Applicable | |
| Zip | Country 6. Name and Address of Current R | | | | Certificate of Status Desired | ificate of Status Desired S8.75 Additional Fee Required | | |
| Ornanie and Address of Current neglistered Agent | | | | Name | | | | |
| ESPARZA, JOSE J 1130 NW 159 DR MIAMI FL 33169 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MINIMITE COTOS | | | 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 filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. | | | | | | | | |
| | ria on back) | Make Check Payable to | o Department of | | DITIONS (CHANGES TO OFFICERS | AND DIRECTOR | PC IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Delete TITL ESPARZA, JOSE J 1130 NW 159 DR STRI | | TITLE M NAME STREET ADDRESS 11 | 16R/P SPARZA 30 NU | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ARZA, JOSE J NW 159 DRIVE MIFL 33169 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PFEIFFER, MARC A 1130 NW 159 DR MIAMI FL 33169 | ll . | NAME STREET ADDRESS | IGRIVA Ferffer | | <u></u> Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | | | | Addition = | |
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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 cereiver 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:

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more to popo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 112/02

305-625,6242