

9/11

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90123 030 \*\*\*550.00

**DOCUMENT # P01000015270**

1. Entity Name

**PROVEX LINES, INC.**

Principal Place of Business

**6581 N.W. 82ND AVENUE  
MIAMI FL 33166**

Mailing Address

**6581 N.W. 82ND AVENUE  
MIAMI FL 33166**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0565768**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARTEAGA, JOSE  
6581 N.W. 82ND AVENUE  
MIAMI FL 33166**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

TITLE NAME ☐ Delete  
**D ARTEAGA, JOSE**  
STREET ADDRESS **6581 N.W. 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33166**TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
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 OF THE REGISTERED AGENT**  
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)