

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90822 006 \*\*\*150.00

DOCUMENT # P01000072224

1. Entity Name  
PROXIMITY SERVICES, INC.



Principal Place of Business  
740 NW 160 STREET  
MIAMI FL 33162

Mailing Address  
740 NW 160 STREET NE  
MIAMI FL 33162

2. Principal Place of Business  
740 NE 160th Street  
Suite, Apt. #, etc.

3. Mailing Address  
740 N.E. 160th Street  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI FLORIDA  
Zip  
33162  
Country  
USA

City & State  
MIAMI FLORIDA  
Zip  
33162  
Country  
USA

4. FEI Number 65-1129578

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SAINVIL, EUGUY  
740 NW 160 STREET NE  
MIAMI FL 33162

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
740 N.E. 160 TH STREET  
City MIAMI FL Zip Code 33162

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

**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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SAINVIL, EUGUY  
STREET ADDRESS 740 NW 160 STREET  
CITY-ST-ZIP MIAMI FL 33162

TITLE D ☐ Delete  
NAME NOEL, REGNIER  
STREET ADDRESS 1300 NE 147TH STREET  
CITY-ST-ZIP MIAMI FL 33161

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 740 N.E. 160 TH STREET  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1300 N.E. 147 TH STREET  
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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2003 305 954 62 54  
Date Daytime Phone #

CR2E034 (10/02)