

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90284 001 \*\*\*150.00  
04-17-2002 90284 002 \*\*\*\*\*8.75

DOCUMENT # P01000073087 ✓  
1. Entity Name prologix international corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9366 Aegean Drive  
Suite, Apt. #, etc.

3. Mailing Address  
20423 State Road 7  
Suite, Apt. #, etc.  
# FG-282

DO NOT WRITE IN THIS SPACE

City & State  
Boca Raton Florida  
Zip 33496 Country USA

City & State  
Boca Raton Florida  
Zip 33498 Country USA

4. FEI Number  
US651128071  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Debra Harris  
Street Address (P.O. Box Number is Not Acceptable)  
9366 Aegean Drive  
Boca Raton  
City FL Zip Code 33496

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 Debra J Harris

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

(NOTE: Registered Agent signature required when registering)

3.27.02  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**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 president  
STREET ADDRESS Debra Harris  
CITY-ST-ZIP 9366 Aegean Drive  
Boca Raton Florida 33496

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE

Debra J Harris, President 3.30-02 561 883-1140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)