

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91165 033 \*\*\*150.00

**DOCUMENT #** P01000079394

**1. Entity Name**  
PROPHESEA HOLDINGS COMPANY

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
2 S. Biscayne Blvd.

**3. Mailing Address**  
2 S. Biscayne Blvd.

Suite, Apt. #, etc.  
Suite 3400

Suite, Apt. #, etc.  
Suite 3400

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida

**4. FEI Number**  
APPLIED FOR

☒ Applied For  
☐ Not Applicable

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

**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  
Valdes-Fauli Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
2 S. Biscayne Blvd., Suite 3400

City  
Miami

FL

Zip Code  
33131

**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.**  
Valdes-Fauli Corporate Services, Inc.

**SIGNATURE**

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

Michael Steven Green  
Vice President

4/25/02

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

**11. OFFICERS AND DIRECTORS**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
Weithorn, Keith  
2 S. Biscayne Blvd., Ste 3400  
Miami, Florida 33131

**TITLE**  
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STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Keith Weithorn

4/25/02

(305) 376-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)