## FILED May 29, 2002 8:00 am Secretary of State

2002	UNIFORM	BUSINESS	REPORT	(UBR)

P01000081416 **DOCUMENT #** 04-24-2002 90325 011 \*\*\*150.00 1. Entity Name PROTEC USA, INC. Mailing Address Principal Place of Business 7695 SW 104TH ST., STE. 210 7695 SW 104TH ST., STE, 210 MIAMI FL 33156 MIAM? FL 33158 3. Mailing Address 2. Principal Place of Business 2600 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. て00/ Applied For City & State Not Applicable Country \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TON L. GROSSMAN LITTMAN, ERIC P ESQ Street Address (P.O. Box Number is Not Acceptable 7695 SW 104TH ST., STE 210 MIAMI: FL 33156 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. (9/01) SKESI DENT Change . ☐ Dalete TITLE TITLE GROSSMAN, JON NAME NAME **CR2E034** 2600 S. Douglas Rd, Ste 1003 STREET ADORESS STREET ADDRESS 7695 SW 104TH ST., STE. 210 CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP TITLE TO REC ☐ Delete TITLE PANEL Streber NAME S. Douglas Rd, ste 1003 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DNAL GALLER FL 32134 CITY-ST-7IP ☐ Defete TIFLE 73d9142 A14**3**7 TIFLE √6664) b 546-6/266 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:**