

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90886 043 ***150.00

DOCUMENT # P01000087215

1. Entity Name
PROTECH GROUP, INC.

Principal Place of Business
7978 NW 56TH STREET
MIAMI FL 33166

Mailing Address
7978 NW 56TH STREET
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

P.O. Box 526205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

FL

4. FEI Number

65-1139824

Applied For

Not Applicable

Zip

Country

Zip

33152

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORVO, SERGIO PERARA
7978 NW 56TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **IZQUIERDO, JORGE**

Street Address (P.O. Box Number is Not Acceptable)

6390 W 22ND CT. # 104

City

HIALEAH

FL

Zip Code

33016

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

H. u. u.

4/13/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PD** ☒ Delete
 NAME **CORVO, SERGIO PERARA**
 STREET ADDRESS **380 W 53RD STREET**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VPD** ☒ Delete
 NAME **ARANGO, AURELIO**
 STREET ADDRESS **1910 W 56TH STREET #3322**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete
 NAME **IZQUIERDO, JORGE**
 STREET ADDRESS **6390 W 22ND COURT #104**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY/TREASURER** ☐ Change ☒ Addition
 NAME **HANNA K. KHOURY**
 STREET ADDRESS **1001 BELLA VISTA AVE.**
 CITY-ST-ZIP **CORAL GABLES FL 33156**

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

HANNA K. KHOURY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/02 (305) 301-6956

CR2E034 (9/01)