

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**  
 02-19-2002 90111 011 \*\*\*150.00

**DOCUMENT #** **PO1000090590**  
**1. Entity Name**  
**PRO INCA ENTERPRISES, INC.**

**Principal Place of Business**  
 201 ALHAMBRA CIRCLE  
 SUITE 711  
 CORAL GABLES FL 33134

**Mailing Address**  
 201 ALHAMBRA CIRCLE  
 SUITE 711  
 CORAL GABLES FL 33134

**2. Principal Place of Business**  
 3072 SW 38 Ave.

**3. Mailing Address**  
 6423 Collins Ave.  
 Suite, Apt. #, etc.  
 1506

**City & State**  
 Miami, Florida

**City & State**  
 Miami Beach, Florida

**Zip**  
 33146

**Country**  
 USA

**Zip**  
 33141

**Country**  
 USA

**4. FEI Number**  
 65-1141041

**Applied For**  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RAPPORT, STEPHEN R**  
 201 ALHAMBRA CIRCLE  
 SUITE 711  
 CORAL GABLES FL 33134

## 7. Name and Address of New Registered Agent

**Name**

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

**City** **FL** **Zip Code**

**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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> YEBAILE, JORGE R	
<b>STREET ADDRESS</b> 201 ALHAMBRA CIRCLE SUITE 711	
<b>CITY-ST-ZIP</b> CORAL GABLES FL 33134	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

<b>TITLE</b> PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Yebaile, Jorge R.	
<b>STREET ADDRESS</b> 6423 Collins Ave. Apt 1506	
<b>CITY-ST-ZIP</b> Miami Beach, FL 33141	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**  **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/04/02** **(305) 265-1825**  
 Date Daytime Phone #

0215134  
 CR2E034 (9/01)

*Attachment*

# State of Florida



Department of State

822340

#P01000083421

I certify the attached is a true and correct copy of the Articles of Incorporation of PRO INCA ENTERPRISES, INC., a Florida corporation, filed on September 14, 2001, as shown by the records of this office.

The document number of this corporation is P01000090590.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Fourteenth day of September, 2001



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State