

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90368 028 \*\*\*150.00

**DOCUMENT # P01000109505**

1. Entity Name  
**PRO-SUPPLY & ASSOCIATES, INC.**

Principal Place of Business  
**HOLLYWOOD EXECUTIVE CENTER**  
**1001 N. FEDERAL HWY., SUITE 308**  
**HALLANDALE FL 33009**

Mailing Address  
**HOLLYWOOD EXECUTIVE CENTER**  
**1001 N. FEDERAL HWY., SUITE 308**  
**HALLANDALE FL 33009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1154825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIFANO, ZULAY**  
**18704 S.W. 108TH AVENUE**  
**MIAMI FL 33157**

Name **Pifano, Zulay**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Hollywood Executive Center**  
**1001 N. Federal Hwy. Suite 308**  
 City **Hallandale** **FL** Zip Code **33009**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **AUE, RICARDO**  
 STREET ADDRESS **18704 S.W. 108TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **PD** ☐ Change ☐ Addition  
 NAME **AUE Ricardo**  
 STREET ADDRESS **Hollywood Executive Center**  
 CITY-ST-ZIP **1001 N. Federal Hwy. Suite 308**  
**Hallandale FL 33009**

TITLE **VPD** ☐ Delete  
 NAME **PIFANO, VICENTE**  
 STREET ADDRESS **18704 S.W. 108TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VPD** ☐ Change ☐ Addition  
 NAME **Pifano Vicente**  
 STREET ADDRESS **1001 N. Federal Hwy. Suite 308**  
 CITY-ST-ZIP **Hollywood Executive Center**  
**Hallandale FL 33009**

TITLE **D** ☐ Delete  
 NAME **AUE, MARIA ISABEL**  
 STREET ADDRESS **18704 S.W. 108TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Change ☐ Addition  
 NAME **AUE, MARIA ISABEL**  
 STREET ADDRESS **Hollywood Executive Center**  
 CITY-ST-ZIP **1001 N. Federal Hwy. Suite 308**  
**Hallandale FL 33009**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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: **Vicente Pifano** **July 11/02** **954-5847247**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment  
#P01000109505  
121422

Hallandale FL, July 11,02

To: Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

From: Pro-Supply & Associates  
1001 N. Federal Hwy. Suite 308  
Hallandale FL 33009

The following is to inform you that the address of the corporation Pro-Supply & Associates has been changed to Hallandale (amendment). The first notification was not received; consequently, we appreciate your consideration of the late payment for the reason mentioned .

Sincerely;

A handwritten signature in dark ink, appearing to read 'Zulay Pifano', written over a horizontal dashed line.

Zulay Pifano (Agent)