

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90039 001 ***300.00

DOCUMENT # P01000109856

1. Entity Name
PRO HOUSING II, INC.

Principal Place of Business
 2450 SW 137TH AVENUE SUITE 221
 MIAMI FL 33175

Mailing Address
 2450 SW 137TH AVENUE SUITE 221
 MIAMI FL 33175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2450 SW 137th AVE
 Suite, Apt. #, etc. # 234

3. Mailing Address
 2450 SW 137th AVE
 Suite, Apt. #, etc. # 234

City & State
 miami, FL

City & State
 miami, FL

Zip Country
 33175 USA

Zip Country
 33175 USA

4. FEI Number ☒ Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, PETER M ESQ
 2450 SW 137TH AVENUE SUITE 221
 MIAMI FL 33175

7. Name and Address of New Registered Agent

Name PETER M. LOPEZ, ESQ
Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 AVE
 # 234
City miami **FL** **Zip Code** 33175

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 PETER M. LOPEZ **DATE** 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D NAME LOPEZ, PETER M ESQ STREET ADDRESS 2450 SW 137TH AVENUE SUITE 221 CITY-ST-ZIP MIAMI FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D NAME Cynthia Gladys Falcon STREET ADDRESS 2450 SW 137 AVE #234 CITY-ST-ZIP miami, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Guillermo Valentino STREET ADDRESS 2450 SW 137 AVE #234 CITY-ST-ZIP miami, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Guillermo Valentino **DATE** 4/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)