

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0302491 AV

DOCUMENT # P02000077526

1. Entity Name
PROMATI, INC.



04-14-2003 90723 046 ***150.00

Principal Place of Business
**13727 S.W 152 STREET
PMB # 242
MIAMI FL 33177**

Mailing Address
**13727 S.W 152 STREET
PMB # 242
MIAMI FL 33177**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **76-0709565**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MUSIET, PAUL
13727 S.W 152 STREET
MIAMI FL 33177**

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

13727 SW 152 Street PMB #242

City **Miami**

FL Zip Code **33177**

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 **X** *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **MUSIET, PAUL**
STREET ADDRESS **13727 S.W 152 STREET, PMB# 242**
CITY-ST-ZIP **MIAMI FL 33177**

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

TITLE **V** ☐ Delete
NAME **MUSIET, RICARDO**
STREET ADDRESS **13727 S.W 152 STREET, PMB# 242**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **PSD** ☒ Change ☐ Addition
NAME **Ricardo Musiet**
STREET ADDRESS **13727 SW 152 Street PMB242**
CITY-ST-ZIP **Miami FL 33177**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2003
Date

Daytime Phone #

CR2E034 (10/02)