

1/24

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS

03 NOV -6 PM 5:06

DOCUMENT # P02000108634
1. Entity Name
THE PROJECT GROUP INC



Principal Place of Business
25 SE 2 AVE. #410
MIAMI FL 33131

Mailing Address
25 SE 2 AVE. #410
MIAMI FL 33131

55041856



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
33-1025416

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VEGA, JOSE M
25 SE 2 AVE. #410
MIAMI FL 33131

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. 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 registering) **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 NAME STREET ADDRESS CITY- ST- ZIP	D PERINOT, NORBERTO ALDO 25 SE 2 AVE. #410 MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

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

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: *SIGNATURE REQUIRED* **Director** (305) 371-5333

SIGNATURE REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* per Pat Bailey

CR20034 (10/02)

2/4

Miami, Fl. October 9 2003

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

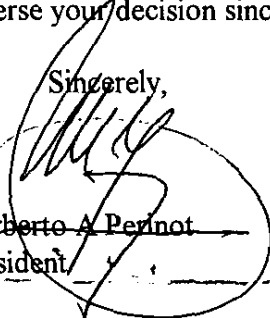
Dear Sirs:

I am answering your letter of September 29, 2003 informing that my corporation
been ADMINISTRATIVE DISSOLVED.

I acknowledge that the check I send bounced due to me having to close my bank
account BUT I NEVER RECEIVED THE LETTER OF INTENT TO DISSOLVE IN 60
DAYS FROM YOUR OFFICE AT ANY TIME.

Hence I protest and send you a MONEY ORDER for \$ 165.00 asking you to
reverse your decision since you did not inform me timely.

Sincerely,


Norberto A. Perinot
President

Pat Bailey

314

03 DEPOSITS/PAYMENTS DETAIL SCREEN 10:15 AM
DEPOSIT NUMBER : 10/27/03 01031 005 DEPOSIT TYPE : COR
ACCOUNT NUMBER : DEPOSIT AMOUNT : 150.00
USER ID : BSIPPIO DEPOSIT BALANCE: 0.00
DEBIT MEMO DATE: VOID DATE :
TRACKING NUMBER: 500024150945 DOCUMENT NUMBER: P02000108634
REQUESTOR : DM # 35249-K REPLACEMENT FEE LEDGER DATE : 10/27/03
SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
AR	ANNUAL REPORT	51.25
ARARTS	ANNUAL REPORTS - ARTS	10.00
ARSUPP	ANNUAL REPORT - SUPPLEMENTAL	88.75

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR:

4/4

DEPOSITS/PAYMENTS DETAIL SCREEN

10:15 AM

03
DEPOSIT NUMBER : 10/27/03 01031 004
ACCOUNT NUMBER :
USER ID : BSIPPIO
DEBIT MEMO DATE :
TRACKING NUMBER: 500024150945
REQUESTOR :
SUB ACCT NUMBER:
DEPOSIT TYPE : COR
DEPOSIT AMOUNT : 15.00
DEPOSIT BALANCE: 0.00
VOID DATE :
DOCUMENT NUMBER: P02000108634
LEDGER DATE : 10/27/03

CATEGORY	DESCRIPTION	AMOUNT
RTNCK	RETURNED CHECK FEE	15.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: