

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000688

1. Entity Name

PROGRESS WHOLESALE OF AMERICA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90296 008 ***150.00

Principal Place of Business

7345 SW SAND LAKE
#308
ORLANDO FL 32819
US

Mailing Address

7345 SW SAND LAKE
#308
ORLANDO FL 32819-8524
US

2. Principal Place of Business

7802 KINGSPON PARKWAY

3. Mailing Address

7802 KINGSPON PARKWAY

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

Zip

32819

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0377660

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

SOUZA, ANTONIO JOSE
7345 SW SAND LAKE
#308
ORLANDO FL 32819

Name
SOUZA ANTONIO JOSE

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

7802 KINGSPON PARKWAY

#101

City
ORLANDO

FL

Zip Code
32819

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SB PD** ☐ Delete
NAME SOUSA, ANTONIO JOSE
STREET ADDRESS 10218 NEWINGTON DR.
CITY-ST-ZIP ORLANDO FL 32836

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

TITLE **PD** ☐ Delete
NAME SOUSA, SELMA GRESPAN
STREET ADDRESS 10218 NEWINGTON DR.
CITY-ST-ZIP ORLANDO FL 32836

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

(407) 248-0011

Daytime Phone #

CR2E034 (9/99)