

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90137 047 ***150.00

DOCUMENT # P95000063377

1. Entity Name
PROFASA CORP.



Principal Place of Business
**8518 SW 8TH STREET
SUITE 148
MIAMI FL 33144**

Mailing Address
**8518 SW 8TH STREET
SUITE 148
MIAMI FL 33144**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0603644**

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

**VARGAS, JORGE
4600 SW 154 PLACE
MIAMI FL 33185**

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 reinstating)

DATE

JORGE VARGAS

2/10/03

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	D	<input type="checkbox"/> Delete
NAME	VARGAS, JORGE	
STREET ADDRESS	4600 SW 154 PLACE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLIVOS, MANUEL	
STREET ADDRESS	9847 SW 1 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOSA, ROLANDO	
STREET ADDRESS	210 SW 65 AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARANA, MARIELA C	
STREET ADDRESS	15622 SW SS TERR	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	ARANA, ANTOINO	
STREET ADDRESS	156122 SW SS TERR	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE VARGAS, JR	
STREET ADDRESS	4600 SW 154 PL	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	V.P. JOSSE VARGAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4600 S.W. 154 PL.	
STREET ADDRESS	Miami FL 33185	
CITY-ST-ZIP	MARKET RESEARCH ANALYST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONIKA HERNANDEZ	
STREET ADDRESS	4600 S.W. 154 PL.	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/03

CR2E034 (10/02)