## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED 10F2

00 MAY 12 PM 2: 06

SECRETARY OF STATE

## DOCUMENT # **P95000077422**

1. Entity Name

CEPROVEN, INC.

Principal Place of Business Mailing Address					TAUE MILAIDS	ille, fl	EORIDA -	
Principal Place 	or Business	-		}				
10843 N.W. 7TH STREET. #14 MIAMI FL 33172		10843 N.W. 7TH STREET. #14 MIAMI FL 33172-7702						
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<u> </u>		Ta was a state of the state of						
2. Principal Pl	ace of Business 'SW:100 ST	3. Mailing Address / 115 21 5W /	1					
Suite, Apt.		Suite, Apt. #, etc.		—	DO NOT WRITE IN THIS SPACE			
)	,, 515.			Ì	23,131,1111			
City & State		City & State		4	4. FEI Number 65-0732986		Ap	plied For
MIAR	WIFE	MIANI 3-1	<u>!</u>				No.	t Applicable
<sup>Zip</sup> 337	76 Country U.S. A	Zip 33/76	Country US		i, Certificate of Status Desired	۽ تا	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
Name Tou					Monentez			
BRAVO, RICARDO J					. Box Number is Not Acceptable)			
10843 N.W. 7TH STREET, #14					W 100 ST			
) MAN	AI FL 33172	1		,				
			City	11/10	211	FL	Zip Cod	17/-
	1 2	the survey of changing its con-	atacad affice as	vocietorod	agent or both in the State of Flori		/	170
8. The above named entity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE MUST SPORTALEZ 5/9/2000								
SIGNATURE _	orgnature, typed or printer same of registered agent a	nd title if applicable. (NOTE: Rec	pistered Agent signatur			DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00					10. Election Campaign Final			<b>0</b> May Be
(See criteria on back)  Make Check Payable to Department of S					Trust Fund Contribution.		Added	to Fees
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE	PVST	Delete		DVET			E: Change	Addition
NAME	BRAVO, RICARDO J	Delete	NAME	TU	AN E Tronzal	c 7	2,	<b>-</b>
STREET ADDRESS	10843 N.W. 7TH STREET, #14	ŕ	STREET ADDRESS	1152	15W1005T			
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MIA	ul FL 33/76			
TITLE	D	₩ Delete	TITLE	n			[] Change	Addition
NAME	Bravo, Picardo J	′,	NAME	$T_{ij}Z_{ij}$	IANE FOORA	12 Z		•
STREET ADDRESS	10842 N.W. 7TH STREET, #14	Į.	STREET ADDRESS	1152	13W100 ST			
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MIA	WI Fel 3317L	<del>_</del>		
TITLE		☐ Delete	TITLE	!			Change	☐ Addition
'NAME"			NAME	-		259	1750	12
STREET ADDRESS	i.	1	STREET ADDRESS CITY-ST-ZIP		<b>300000</b> 3 -05/19	/000	01094	-016
CITY-ST-ZIP					****[	<del>50.00</del>	「高本素素」	5-And on
TITLE		☐ Delete	TITLE NAME				change -	
NAME STREET ADDRESS		į	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		•	<del></del> .	Change	Addition
NAME		☐ Delete	NAME				,	
STREET ADDRESS		1	STREET ADDRESS					

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 legislation 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 enjoywered 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition

11521 SW 100 ST. HIALEAH GARDEN 33172

DIVISION OF CORPORATIONS ANNUAL REPORT SECTION P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

REF: CEPROVEN INC.
DOCUMENT # P95000077422

DEAR SIR OR MADAME:

I AM IN RECEIPT OF YOUR PROFIT CORPORATE ANNUAL REPORT

DUE TO THE FACT THAT I AM A NEW BUSINESS OWNER, THE CORPORATE ANNUAL REPORT IN QUESTION WAS NOT SUBMITTED BECAUSE OF NEGLIGENCE OR RESPONSIBILITY ON MY BEHALF, BUT RATHER FOR NOT BEING PROPERLY ASSESSED BY MY ACCOUNTANT AND BECAUSE I MOVED TO ANOTHER LOCATION THE REPORT WERE NOT RECEIVED UNTIL MAY 2, 2000. IN VIEW OF THIS CIRCUMSTANCE, I KINDLY REQUEST CONSIDERATION IN THE WAIVING OF PENALTIES WITH THE ASSURANCE THAT THIS OVERSIGHT WILL NEVER HAPPEN AGAIN.

ONCE AGAIN YOUR CONSIDERATION OF THIS MATTER IS GREATLY APPRECIATED. PLEASE FEEL FREE TO CONTACT ME AT 305-553-3536 SHOULD YOU HAVE ANY QUESTIONS.

SINCERELY,

KE