

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90078 029 ***150.00

0251018 AV

DOCUMENT # P95000081030

1. Entity Name
PROPARTNERS.NET, INC.

Principal Place of Business

Mailing Address

**16620 SW 82 COURT
MIAMI FL 33157
US**

**16620 SW 82 COURT
MIAMI FL 33157
US**



2. Principal Place of Business

3. Mailing Address

16115 SW 117 Ave.

13615 S. DIXIE Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

114-427

City & State

City & State

Miami, FL

Miami, FL

Zip

Zip

Country

Country

33177

U.S.A.

33157

U.S.A.

4. FEI Number

35-0614499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARONE, ROBERT J
16620 SW 82 COURT
MIAMI FL 33157**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **P** ☐ Delete
NAME **ARONE, ROBERT J**
STREET ADDRESS **16620 SW 82 COURT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **S** ☐ Change ☒ Addition
NAME **Debra C. Arone**
STREET ADDRESS **16620 S.W. 82 court**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 my address, with all other like empowered.

SIGNATURE:

USE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

305.234.5454

Daytime Phone #

CR2E034 (9/01)