CR2E034 (9/01)

## 2002 Uniform Business Report (UBR)

## Apr 10, 2002 8:00 am Secretary of State P96000072189 DOCUMENT # 1. Entity Name 04-10-2002 90443 049 \*\*\*150.00 PROVERBO TRANSLATIONS, INC. Principal Place of Business Mailing Address 2750 NORTHWEST 25 WAY POST OFFICE BOX 811390 **BOCA RATON FL 33434 BOCA RATON FL 33481** 2. Principal Place of Business 3. Mailing Address Suite, A: #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0692552 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Van der Lyn, CPA</u> BLAKESBERG, JON D. Street Address (P.O. Box Number is Not Acceptable) 3500 NW BOCA RATON BLVD. 951 SW 4TH AVE #905 **BOCA RATON FL 33432** <sup>∠ip Code</sup> **33431** BÖCA RATON 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. John S. Van der Lyn, Registered Agent signature required when reinstating) SIGNATURE ped or printed name of registered agent and tille if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Chance ☐ Addition MESA-PELLY, CHARLES PH.D. NAME NAME STREET ADDRESS 2750 NORTHWEST 25 WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MESA-PELLY, JUDITH B PH.D NAME NAME STREET ADDRESS 2750 NORTHWEST 25 WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addr 45, with all other like empowered.

Z REQCharles Mesa-Pelly SIGNATURE: 2 (561)243-3999