


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 A.M
Secretary of State

DOCUMENT # <u>P96000077740</u>	
1. Entity Name <u>Prex North America, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1820 N. Corporate Lakes Blvd</u>		3. Mailing Address <u>1820 N. Corporate Lakes Blvd</u>	
Suite, Apt. #, etc. <u>Suite 305</u>		Suite, Apt. #, etc. <u>Suite 305</u>	
City & State <u>Weston, FL</u>		City & State <u>Weston, FL</u>	
Zip <u>33326</u>	Country ---	Zip <u>33326</u>	Country ---

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>59-3434024</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>Guido Tassini</u>		
Street Address (P.O. Box Number is Not Acceptable)			
<u>1820 N. Corporate Lakes Blvd #305</u>			
City <u>Weston</u>			State <u>FL</u>
Zip <u>33326</u>			

8. The above named entity submits this statement for the purpose of changing its 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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres. Director</u> <u>Guido Tassini</u> <u>1820 N. Corporate Lakes Blvd #305</u> <u>Weston, FL 33326</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or supplemental report by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/21/3