5/22/0

FILED
Jul 31, 2001 8:00 am
Secretary of State
05-22-2001 90636 047 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102654

1. Entity Name

PRODEMECA CORP.

Principal Place of Business | Mailing Address

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	8261 NW 5Th TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 330
City & State	City & State MIAMI FL
Zip / Country	Zip 33126 Country USA

4. FEI Number 65-0714992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Michele Tomasicchio - Rino Caricola
704 NW 111 Place #6
Miami FL, 33172

7. Name and Address of New Registered Agent

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] Rino Caricola 07/09/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER OF OPERATIONS RINO CARICOLA 8261 NW 5 TERRACE #330 MIAMI FL 33126 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 address, with all other like empowered.

SIGNATURE: [signature] Rino Caricola Manager of Operation 04-26-01 (305) 264-4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #