2	00/	/
		•

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	DOCUMENT # P97000003846  1. Entity Name  **THUPRO AMERICAN INVESTHENTS CORE.				FILED 02 APR 26 AH 9: 38		
	DO NOT WRITE	E IN THIS S	SPAC	E	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
×	2. Principal Place of Business 3761 FLY PARK DR. 3. Mailing Address SAHD				REINSTATEMENT 01-02		
	Suite, Apt. #, etc.  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
	City & State ROCKLEDGE FL	City & State			4. FFLAumber 449540 Applied For Not Applicable		
×	Zip 32955 Country USA	Zip	Cour	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	DO NOT IA	/DITE	ن مانعوسه وس	Name BAL	7. Name and Address of Current Registered Agent		
	TO SIGHT WESTER IN		Street Address	eet Aderess (P.O. Box Number is Not Acceptable)  ### ### ############################			
	IIV THIS SI	ACE		3761 City D =	CKLEDGE FL Zip Code (5)		
	8. The above named entity submits this statement f	or the purpose of changing	its register	1. 12.00			
X	SIGNATURE COLOR	BALL FEINE	2		3/20/02		
<u></u>	Signature, typed or printed name of registered ager	Le January 1		d Agent signature required ee is \$150.00			
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State							
F	11. OFFICERS AND	DIRECTORS	TITL	E '	500005451705#	:	
	NAME STREET ADDRESS 3761 FLY PARK DR. (R CITY-ST-ZIP ROCKLEDGE, FL	CKLEYGE SIRPOR		ET ADDRESS . -ST-ZIP	50000545170525 -05/06/0201006020 ****150.00 ****150.00 2	1	
1	TITLE: TANDETT TO THE NAME	VD	IJΤL		500005451705 地	-	
~	STREET ADDRESS 316/ FLYPARK DR.	2015		ET ADDRESS ST-ZIP	-05/06/0201006021 [*****50,00 ****550,00	,	
}	TITLE & D COLLEGE		ntl	,			
-	NAME STREET ADDRESS 3761 FLY OARK L	IR .		ET ADDRESS ST: ZIP	DO NOT WRITE		
$\mid$	TITLE NAME	<i>2711</i>	TITL!		IN THIS SPACE	-	
-	STREET ACCRESS:		<del>===</del> ⊭STRE	ET ADORESS:	S00005451705	) 	
F	TITLE NAME		TITLE		****200.00 ****200.00		
	STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP			
-	TITLE NAME		TITL				
	STREET ADDRESS CITY-ST-ZIP			ET.ADDRESS - ST-ZIP			
-	13. I hereby certify that the information supplied with indicated on this report or supplemental report in of the corporation or the feceiver or truliee em	powered to execute this rep	for the exe	mption stated in Se ure shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 11 or on an		
	attachment with an address, with all other like en	inpowered.	3417	10.0	Vis 2/20/02 (201) (366/48		
	SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	FBINEK.	Dayle Dayline Phone #		

18 3/2/02

2001

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	- OV	(OBK)							
DOCUMENT # 6970000	03816								
NUPRO AMERICA.	V INVESTHEN								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,								
			-						
DO NOT WRITE	IN THIS SPA	ACE							
2. Principal Place of Business	3. Mailing Address	(E							
3761 FLY PARK DR. Suite, Apt. #, etc.		<u>.                                    </u>	DO NOT WRITE IN THIS SPA	.CE					
City & State City & State			4 EEI Number	Applied For					
KOCKLEPLAE FL	Gity & State	•	4. FEI Number 59-3449540	Not Applicable					
Zip 32 955 Country USA	Zip	Country		.75 Additional Required					
		1	7. Name and Address of Current Registered Ag	,					
DO NOT W	DITE	Name	BALZ_FEINER						
DO NOT W		Street Address	(P.O. Box Number is Not Acceptable) RT RE	Dage-					
IN-THIS-SF	AGE	370	OF FLYPARK DR.						
	* **	City Roc	KLBOGE FL	Zip Code C					
8. The above named entity submits this statement for	r the purpose of changing its reg	gistered office or registe	ered agent, or both, in the State of Florida.	32,700					
la (An	BALL FEINE	R	2/20/0	,					
SIGNATURE Systemers typed or printed name of registered agent.		egistered Agent signature require	ed when reinstating) DATE :	<del></del>					
9. This corporation is eligible to satisfy its Intangible		1 Fee is \$150.00 Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be					
Tax filing requirement and elects to do so. (See criteria on back)		JBR is \$61.25	Trust Fund Contribution:	Added to Fees					
11. OFFICERS AND		to Department or St	ate						
NAME PSTD		TITLE		201)					
STREET ADDRESS 376/ FLYPARK CITY-ST-ZP LOCK LEGISE, FL	)R	NAME STREET ADDRESS		B (1)					
	2955	CITY-ST-ZIP		CR2E034B (12/01)					
NAME LADELIVE V	BITH	TITLE Name		<u> </u>					
STREET ADDRESS 2761 FLYPARK.	DR.	STREET ADDRESS CITY-ST-ZIP							
TITLE VD	- 32700	TITLE							
NAME BALZ FEIN	16/2	NAME							
STREET ADDRESS CITY ST. ZIP  266 F DEFE	RL=3295====	STREET ADDRESS	DO NOT WRITE	E					
πιε		TITLE	IN THIS SPACE						
NAME _STREET ADDRESS		NAME STREET ADDRESS =	III IIIO OI AOI						
CLLA - 21 - S1b		CITY-ST-ZIP							
TITLE NAME		TITLE NAME							
STREET ADDRESS		STREET ADDRESS		,					
CITY ST-ZIP		CITY-ST-ZIP							
NAME.	ļ	TITLE NAME							
STREET ADDRESS CITY-ST-ZIP	]	STREET ADDRESS CITY - ST - ZIP							
13. I hereby certify that the information supplied with	this filing does not qualify for the	e exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further certify the	hat the information					
Indicated on this report of supplemental report is	true and accurate and that my so owered to execute this report as	ionature shall have the	same legal effect as if made under oath; that I am a 607, Florida Statutes; and that my name appears in I	n officer or director					
(u/m)		א במו מו מו מו מו	Vo storter Conso	366148					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Days Provide 4									



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 3, 2002

NUPRO AMERICAN INVESTMENTS CORP. 3761 FLYPARK DR ROCKLEDGE, FL 32955

SUBJECT: NUPRO AMERICAN INVESTMENTS CORP.

Ref., Number: P97000003846

We have received your document for NUPRO AMERICAN INVESTMENTS CORP. and check(s) totaling \$700.00. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2001 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2002 Annual Report/Uniform Business Report and Supplemental Fee.

List the street address of each officer/director listed on the report or on an attachment.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 402A00019612

FUCLOSED IS AN ADDITIONAL CHECK OF BRINGING THE TOTAL TO \$ 900 - BRINGING THE TOTAL TO \$ 900 - ALSO, AUDRESSES WELL ADDED FOR EACH OFFICER DIRECTOR DESCRIPTION DE SERVER DE SER

Division of Corporations - P.O. BOX 6327 -Tallahassas Florida 3231