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

## FILED May 13, 2002 8:00 am Secretary of State

| DOCUMEN I # P97000020765  1. Entity Name  |   |                               |                           |                               | 05-13-2002 90158 001 ***150.00                                      |                           |                        |  |
|---|---|-------------------------------|---------------------------|-------------------------------|---|---------------------------|------------------------|--|
| PROTEL IND., INC.   |   |                               |                           |                               |   |                           |                        |  |
|   | TIND., INC.                                   |                               |                           |                               | •   |                           |                        |  |
|   |   |                               |                           |                               | _   |                           |                        |  |
| ם   | O NOT WRITE                                   | P PIHT MI                     | PACI                      | =                             |   |                           |                        |  |
| -   |   | - 114 11110 0                 | i AUI                     |                               |   |                           |                        |  |
| Principal Place of Business   |   |                               |                           |                               | _   |                           |                        |  |
| 1511 MARTIN VILLA ROAD 3155 NW 77   |   |                               |                           | VENUE                         | <u> </u>  |                           |                        |  |
| Suite, Ap   | t. #, etc.                                    | Suite, Apt. #, etc.           | Suite, Apt. #, etc.       |                               |   | ITE IN THIS SPAC          | Æ                      |  |
| City & State  |   | City & State                  | City & State              |                               |   | 4. FEI Number Applied For |                        |  |
| ELBERTON, GA Zip Country  |   | MIAMI, FL                     | Zip Country               |                               | 59-3459062  |                           | Not Applicable         |  |
| 30635   | USA   | 33122                         | USA                       | у                             | 5. Certificate of Status Desire                                     | 30 I I '                  | 75 Additional Required |  |
|   |   |                               |                           |                               | 7. Name and Address of Curre  |                           | <u>-</u>               |  |
| ا لماده   | DO NOT  | VDITE 3 222                   | and the second            | Name<br>CORPOR                | ATION SERVICE C   | OMPANY                    |                        |  |
| DO NOT WRITE  |   |                               |                           |                               | Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET |                           |                        |  |
|   | IN THIS S                                     | PACE                          | 1201 11                   |                               |   |                           |                        |  |
|   |   |                               |                           | City                          |   |                           | p Code                 |  |
| 9 The should  |   |                               |                           | TALLAH                        | ASSEE   | FL   3                    | 2301                   |  |
| _ o. The abov   | e named entity submits this stater            | ment for the purpose of cha   | inging its req            | gistered office or            | registered agent, or both, in the S                                 | tate of Florida           | , to 1                 |  |
| SIGNATURE   |   |                               |                           |                               |   |                           |                        |  |
|   |   |                               |                           |                               | Agent signature required when reinstati                             |                           | DATE :                 |  |
| 9. This corp  | oration is eligible to satisfy its Inta       | ngible January                | 1 - May 1 F<br>May 1, Fee | ee is \$150.00<br>is \$550.00 | 10. Election Campaign   |                           | \$5.00 May Be          |  |
| (See crite  | requirement and elects to do so. ria on back) | Ame                           | nded UBR                  |                               | Trust Fund Contribu   |                           | Added to Fees          |  |
| 11.   | OFFICERS AN                                   | <del></del>                   | ayable to D               | epartificant or S             | tate  | <del>.</del>              | -                      |  |
| TITLE   | EVP   |                               |                           |                               |   |                           |                        |  |
| NAME  | AUSTIN SHANFELTER                             |                               |                           | :                             |   |                           | (12                    |  |
| STREET ADDRESS<br>CITY - ST - ZIP   | 9193 111 711 111 111 111 11 11 11 11 11 11 1  |                               |                           | ET ADDRESS<br>- ST - ZIP      |   |                           | CR2E034B (12/01)       |  |
| TITLE   | P 33122                                       |                               |                           | 31-21                         |   |                           |                        |  |
| NAME  | ROBERT PINE                                   |                               |                           | .                             | •   |                           | 18.                    |  |
| STREET ADDRESS<br>CITY - ST - ZIP   | 3133 111 11 11 11 11 11 11 11 11 11 11 1      |                               |                           | ET ADDRESS                    |   |                           |                        |  |
| TITLE   | MIAMI, FL 33122<br>EVT                        |                               |                           | ST - ZIP                      |   |                           |                        |  |
| NAME  | DONALD P. WEINSTEIN                           |                               |                           |                               |   |                           |                        |  |
| STREET ADDRESS  | 3155 NW 77TH AVENUE                           |                               |                           | T ADDRESS                     | · · · · · · · · · · · · · · · · · · ·                               |                           | ــ ح د دد د د          |  |
| CITY - ST - ZIP   | MIAMI, FL 33122                               |                               |                           | ST - ZiP                      | DO NOT  |                           |                        |  |
| TITLE<br>NAME   | S<br>JOSE M. SARIEGO                          |                               |                           |                               | IN THIS   | SPACE                     |                        |  |
| STREET ADDRESS  |   |                               |                           | T ADDRESS                     |   |                           |                        |  |
| CITY - ST - ZIP   | MIAMI, FL 331                                 | 22                            | CITY -                    | ST - ZIP                      |   |                           |                        |  |
| TITLE<br>NAME   | VP  |                               | TITLE<br>NAME             |                               |   |                           |                        |  |
| STREET ADDRESS  | MICHAEL KEYSER<br>1511 MARTIN VILLA ROAD      |                               |                           | T.ADDRESS                     |   |                           |                        |  |
| CITY - ST - ZIP   | ELBERTON, GA 30635                            |                               |                           | ST - ZiP                      | • .   |                           |                        |  |
| TITLE   |   |                               | TITLE                     |                               | ······································                              |                           |                        |  |
| NAME<br>STREET ADDRESS  |   |                               | NAME                      |                               |   |                           | .                      |  |
| CITY + ST - ZIP   |   |                               |                           | TADDRESS<br>ST-ZIP            |   | 44                        | ,, ,                   |  |
| 13. I hereby ce   | ertify that the information supplied          | with this filing does not qua | lify for the e            | vemotion stated               | in Section 119.07(3)(i), Florida St                                 | atutes. I further ce      |                        |  |
| 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 cerporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name |   |                               |                           |                               |   |                           |                        |  |
| 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 or an attachment with an address, with all other like empowered.  |   |                               |                           |                               |   |                           |                        |  |
| SIGNATURE: DONALD P. WEINSTEIN 4/162 305-599-1800   |   |                               |                           |                               |   |                           |                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |   |                               |                           |                               |   |                           |                        |  |