2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91576 026 ***150.00

DOCUMENT # P97000037445

1. Entity Name
PROMINVEST CORPORATION

Principal Place of Business	Mailing Address
1099 VIA JARDIN PALM BEACH GARDENS FL 33418	1099 VIA JARDIN #339 PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4345 SE COVE LAKE CIRCLE	3. Mailing Address: 4345 SE COVE LAKE CIRCLE
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.: 103
City & State: STUART, FL	City & State: STUART, FL
Zip: 34997 Country:	Zip: 34997 Country:

4. FEI Number 65-0786867 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~VIVIES, PATRICK~~ 700E DANIA BEACH BLVD STE 202 DANIA FL 33004	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, 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, 2002 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	PD ALOR, DANIEL ~~1099 VIA JARDIN~~ ~~PALM BEACH GARDENS FL 33418~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4345 SE COVE LAKE CIRCLE #103 STUART FL 34997
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD POLLINI, PATRICIA ~~1099 VIA JARDIN~~ ~~PALM BEACH GARDENS FL 33418~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4345 SE COVE LAKE CIRCLE #103 STUART FL 34997
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED 04/09/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)