

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071409

1. Entity Name

PROPAX (INT'L), INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90155 006 ***550.00

Principal Place of Business

Mailing Address

17027 WEST DIXIE HIGHWAY, SUITE 107
NORTH MIAMI BEACH FL 33160

P.O. BOX 80-2830
MIAMI FL 33280-2830

2. Principal Place of Business

3. Mailing Address

P.O. Box 2457

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hallandale, Florida

4. FEI Number

65-0865824

Applied For

Not Applicable

Zip

Country

Zip

Country

33008-2457

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

~~BARTEL, STANLEY-JAY ESQ.~~
44 WEST FLAGLER STREET, #406
MIAMI FL 33130

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, 2000 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 PD ☐ Delete
NAME CELIKOGLU, EROL
STREET ADDRESS P.O. BOX 80-2830
CITY-ST-ZIP MIAMI FL 33280-2830

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 20185 East Country Club Drive, Apt 2401
CITY-ST-ZIP Aventura, FL 33180

TITLE STD ☐ Delete
NAME CELIKOGLU, RITA
STREET ADDRESS P.O. BOX 80-280
CITY-ST-ZIP MIAMI FL 33280-2830

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 20185 East Country Club Drive Apt 2401
CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/2000

(305) 933-1725

Date

Daytime Phone #

CR2E034 (9/99)