

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90089 036 ***150.00

DOCUMENT # P98000071409

1. Entity Name
PROPAX (INT'L.), INC.

Principal Place of Business Mailing Address
17027 WEST DIXIE HIGHWAY, SUITE 107 **P.O. BOX 2457**
NORTH MIAMI BEACH FL 33160 **HALLANDALE FL 33008**

711214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0865824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARTEL, STANLEY JAY ESQ. 44 WEST FLAGLER STREET, #406 MIAMI FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CELIKOGU, EROL P.O. BOX 80-2830 MIAMI FL 33280-2830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20185 E-COUNTRY CLUB DR. # 2401 AVENUE, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CELIKOGU, RITA P.O. BOX 80-280 MIAMI FL 33280-2830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20195 E-COUNTRY CLUB DR # 2401 AVENUE, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: EROL CELIKOGU 1/31/01 (305) 933-1725
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)