

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0057520 AV

DOCUMENT # P98000078858

1. Entity Name
PROSHEEN CORPORATION



FILED
OCT 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03

Principal Place of Business
1130 NW 159 AV
MIAMI FL 33169
US

Mailing Address
1130 NW 159 AV
MIAMI FL 33169
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 59-3636038

Applied For
Not Applicable

Zip Country Zip Country

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

~~MONTARROYOS, EITELBERT~~
1130 NW 153 DR
MIAMI FL 33169

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julie Bergmontarroyos*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/13/2003

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P MONTARROYOS, EITELBERG
STREET ADDRESS 1130 NW 159 AVE
CITY-ST-ZIP MIAMI FL 33169

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME VD MONTARROYOS, AMY
STREET ADDRESS 1130 NW 159 DR
CITY-ST-ZIP MIAMI FL 33169

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Amy Montarroyos* Amy Montarroyos 9/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

CR2E034 (4/03)