## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

## FILED DOCUMENT # **P98000100849** Feb 02, 2000 8:00 am **Secretary of State** AMERICAN PROGRESS, CORP. 02-02-2000 90128 021 \*\*\*150.00 Principal Place of Business Mailing Address 9091 S.W. 167 COURT 9091 S.W. 167 COURT MIAMI FL 33196 MIAMI FL 33196-4808 JIAVOV 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0879306 Not Applicable \$8.75 Additional Country: Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARGAS, NUBIA L Street Address (P.O. Box Number is Not Acceptable) 9091 S.W. 167 COURT MIAMI FL 33196 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE VARGAS, NUBIA L NAME NAME 9091 S.W. 167 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33196** ☐ Addition Change ☐ Delete TITLE ARIAS, IRIS NAME STREET ADDRESS 9091 S.W. 167 COURT STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP MIAMI-FL.33196\_ Change ☐ Addition ☐ Delete TITLE TITLE RIVERA, ALEJANDRO NAME NAME 9091 S.W. 167 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 adcurate 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 employerer to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

The

FICER OR DIRECTOR