

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90034 005 ***150.00

0131732

DOCUMENT # P99000028234

1. Entity Name

PROSAVY, INC

*NIC
FLD
2/20/01
XFM*

Principal Place of Business

3410 N.W. 21ST STREET
 COCONUT CREEK FL 33066

Mailing Address

3410 N.W. 21ST STREET
 COCONUT CREEK FL 33066

658596

2. Principal Place of Business

6209 W. COMMERCIAL BLD

Suite, Apt. #, etc.

SUITE 7

City & State

FT LAUDERDALE, FL

Zip

33316

Country

USA

3. Mailing Address

6209 W. COMMERCIAL BLD.

Suite, Apt. #, etc.

SUITE 7

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0905939

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCOBAR, LUIS A JR
 3410 N.W. 21ST STREET
 COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name
 ESCOBAR, LUIS A. JR
 Street Address (P.O. Box Number is Not Acceptable)
 6209 W. COMMERCIAL BLD.
 STE. 7
 City
 FT. LAUDERDALE FL Zip Code
 33319

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, LUIS JR 3410 N.W. 21ST STREET COCONUT CREEK FL 33066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ESCOBAR, LUIS A JR 3410 N.W. 21ST STREET COCONUT CREEK FL 33066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, LUIS JR 6209 W. COMMERCIAL, STE 7 FT. LAUDERDALE, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ESCOBAR, LUIS JR 6209 W. COMMERCIAL BLD, STE 7 FT. LAUDERDALE, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LUIS A. ESCOBAR, JR.

[Signature]

Date

Daytime Phone #

4/30/01

CR2E034 (10/00)