

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000049815**1. Entity Name
PROAMSA, INC.**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90084 045 ***550.00

0060744 AV

Principal Place of Business

8360 WEST FLAGLER STREET
209
MIAMI FL 33144

Mailing Address

8360 WEST FLAGLER STREET
209
MIAMI FL 33144

2. Principal Place of Business

4218 SW 152 AVE.

3. Mailing Address

Suite, Apt. #, etc.
E-3

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

Zip
33185Country
USA

Zip

Country

4. FEI Number
65-0930545Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUSTAMANTE, RAMON
9601 FONTAINEBLEAU BLVD. #512
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **RAMON BUSTAMANTE**
Street Address (P.O. Box Number is Not Acceptable)
3947 SW 156 CT.
MIAMI
City **FL** Zip Code **33185**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/029. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BUSTAMANTE, RAMON**
STREET ADDRESS **9601 FONTAINEBLEAU BLVD. #512**
CITY-ST-ZIP **MIAMI FL 33172**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

9/12/02**(305) 480-7019**

CR2E034 (4/02)