

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90145 004 ***158.85

A0057484

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000095896
Entity Name PRO ANSWER INCORPORATED.

Principal Place of Business **Mailing Address**

68 SW 211 TERR 8568 SW 211 TERR
 MIAMI, FL 33189 MIAMI, FL. 33189

1. Principal Place of Business **3. Mailing Address**

68 SW 211 TERR 8568 SW 211 TERR

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

MIAMI, FL. MIAMI, FL.

Zip **Country** **Zip** **Country**

33189 USA 33189 USA

4. FEI Number **Applied For**

65-0958298 ☐ Not Applicable

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**

ALTAGRACIA HABERKORN Name
 8568 SW 211 TERR Street Address (P.O. Box Number is Not Acceptable)
 MIAMI, FL. 33189 City FL Zip Code

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, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** **DATE**

1. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
☐ **Make Check Payable to Department of State** ☐

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
PRESIDENT JUAN VALERIO SANCHEZ 9240 SW 149 COURT MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
SECRETARY ALTAGRACIA HABERKORN 8568 SW 211 TERR MIAMI, FL. 33189	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
VICE PRESIDENT AMERICA ALBORNOZ 2535 W 67 PL. BLDG 30 # 12 HIALEAH, FL. 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TREASURER STEPHANIE GARCIA 8568 SW 149 CT MIAMI, FL. 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  **A. HABERKORN** **4/25/2000** **305-259 9786**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)