

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90094 010 ***150.00

DOCUMENT # S21868

1. Entity Name
FINANPRO FLORIDA, INC.



Principal Place of Business APARTADO 159 ESCAZU 1250 COSTA RICA OC	Mailing Address APARTADO 159 ESCAZU 1250 COSTA RICA OC
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **98-0115209**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHRADER, ROBERT G
5200-BLUE LAGOON DRIVE STE 600
MIAMI FL 33126**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	MONTECINOS, LUIS	
STREET ADDRESS	APARTADO 159, ESCAZU 1250	
CITY-ST-ZIP	COSTA RICA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MONTECINOS, OLGA	
STREET ADDRESS	APARTADO 159 ESCAZU 1250	
CITY-ST-ZIP	COSTA RICA, C.A.	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOUSMAN, DAVID G	
STREET ADDRESS	6824 LOS TRECHOS CT NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109-2700	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRADER, ROBERT G	
STREET ADDRESS	5200 BLUE LAGOON DRIVE STE 600	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 of 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: SCHRADER, ROBERT G
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan. 21 / 2003 Daytime Phone #: 306-2281960

CR2E034 (10/02)