

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91818

1. Entity Name

PROSIMO, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90847 030 \*\*\*150.00

Principal Place of Business

Mailing Address

4101 NE 16TH AVE  
OAKLAND PARK FL 33334

4101 NE 16TH AVE  
OAKLAND PARK FL 33334-5475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0320878

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KORBOS, THEODORE G  
4101 NE 16TH AVE  
OAKLAND PK FL 33334

Name

Theodore G. Korboos

Street Address (P.O. Box Number is Not Acceptable)

4154 NW 13th Ave

City

FT. Lauderdale

FL

Zip Code

33309

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KORBOS, THEODORE G.	
STREET ADDRESS	4101 NORTHEAST 16TH AVE.	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, PHYLLIS M.	
STREET ADDRESS	4154 NW 13TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DYREK, LEE K MRS.	
STREET ADDRESS	2424 S 61 CT	
CITY-ST-ZIP	CICERO IL 60908	
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"/> 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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Theodore G. Korboos

Date

Daytime Phone #

CR2E034 (9/99)