

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90117 050 ***150.00

DOCUMENT # F00000006297

1. Entity Name
 PRO COMMUNICATIONS LIMITED INC.

Principal Place of Business 6 Kings Way
 Kingston 10
 Jamaica, W.I.

Mailing Address 6 Kings Way
 Kingston 10
 Jamaica, W.I.

2. Principal Place of Business

3. Mailing Address
 3475 Sheridan Street
 Suite, Apt. #, etc. Suite 307
 City & State Hollywood, Fl.
 Zip Country 33021 USA

4. FEI Number 59-3702320

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

6. Name and Address of Current Registered Agent
 Dahlia A. Walker, Esq
 Law Offices of Dahlia A. Walker, P.A.
 3475 Sheridan Street
 Suite 307
 Hollywood, Fl. 33021

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	PRESIDENT/CEO	<input type="checkbox"/> Delete
NAME	Jean Lowrie-Chin	
STREET ADDRESS	6 Kings Way	
CITY-ST-ZIP	Kingston 10, Jamaica WI	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Hubert Chin	
STREET ADDRESS	6 Kings Way	
CITY-ST-ZIP	Kingston 10, Jamaica	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Maisie Lowrie	
STREET ADDRESS	3 Norbrook Crescent, Kgn Jamaica	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete
NAME	Francis Beard	
STREET ADDRESS	12902 Tourmaline Terr.	
CITY-ST-ZIP	Silver Springs, MD. 20904	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Ventry Foo	
STREET ADDRESS	Trade Center, Red Hills Rd.	
CITY-ST-ZIP	Kingston 10, Jamaica	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
NAME		
STREET ADDRESS		
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: Hubert Chin **HUBERT CHIN** 4/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)