

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90143 012 ***150.00

DOCUMENT # F00000006297

1. Entity Name
PRO COMMUNICATIONS LIMITED, INC.



Principal Place of Business
**6 KINGS WAY
KINGSTON 10, JAMAICA, W.I.
OC**

Mailing Address
**6 KINGS WAY
KINGSTON 10, JAMAICA, W.I.
OC**

90012586



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3702320**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALKER, DAHLIA 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. 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

**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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LOWRIE-CHIN, JEAN A	
STREET ADDRESS	6 KINGS WAY	
CITY-ST-ZIP	KINGSTON 10, JAMAICA W.I.	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHIN, HUBERT	
STREET ADDRESS	6 KINGS WAY	
CITY-ST-ZIP	KINGSTON 10, JAMAICA, W.I.	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWRIE, MAISIE	
STREET ADDRESS	3 NORBROOK CRESCENT	
CITY-ST-ZIP	KINGSTON 8, JAMAICA, W.I.	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEARD, FRANCIS	
STREET ADDRESS	12902 TOURMALINE TERR	
CITY-ST-ZIP	SILVER SPRINGS MD 20904	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOO, VENTRY	
STREET ADDRESS	TRADE CENTER, RED HILLS ROAD, KGN. 10	
CITY-ST-ZIP	JAMAICA, W.I.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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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	

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/03

Date

Daytime Phone #

CR2E034 (10/02)