

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003366

1. Entity Name

PRO GROUP, INC.

Principal Place of Business

Mailing Address

533 BURKES DR.
CORAOPOLIS PA 15108

533 BURKES DR.
CORAOPOLIS PA 15108-3479

2. Principal Place of Business

625 E. 10TH AVE

3. Mailing Address

625 E. 10TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

Country

33010

US

Zip

Country

33010

US

4. FEI Number

25-1837347

Applied For

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

F&L CORP.
200 LAURA ST.
JACKSONVILLE FL 32202

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
CONSTANTINE, EDWARD
533 BURKES DR.
CORAOPOLIS PA 15108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/S/D
CONSTANTINE, EDWARD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D/CEO
ELLIOT, RICHARD
625 E. 10TH AVE
HIALEAH, FL 33010 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AMMERMAN, ROBERT
85 MERRIMAC ST, SUITE 200
BOSTON, MA 02114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COSENTINO, JOHN
85 MERRIMAC ST, SUITE 200
BOSTON, MA 02114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STURRUS, ANTHONY
150 DUPONT DRIVE
PROVIDENCE RI 02907 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NEWMAN, DAVE
625 E. 10TH AVE
HIALEAH, FL 33010 ☐ Change ☒ Addition

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

RICHARD ELLIOT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

305-499 4807
Date Daytime Phone #

CR2E034 (9/99)