

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003366

1. Entity Name
PRO GROUP, INC.

Principal Place of Business
625 E. 10TH AVE
HIALEAH FL 33010

Mailing Address
625 E. 10TH AVE
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 CSD
CONSTANTINE, EDWARD ☐ Delete
STREET ADDRESS 533 BURKES DR.
CITY-ST-ZIP CORAOPOLIS PA 15108

TITLE NAME SECRETARY ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME PDCE
ELLIOT, RICHARD ☒ Delete
STREET ADDRESS 625 E. 10TH AVE
CITY-ST-ZIP HIALEAH FL 33010

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME D
AMMERMAN, ROBERT ☐ Delete
STREET ADDRESS 85 MERRIMAC ST. #200
CITY-ST-ZIP BOSTON MA 02114

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME D
COSENTINO, JOHN ☐ Delete
STREET ADDRESS 85 MERRIMAC ST. #200
CITY-ST-ZIP BOSTON MA 02114

TITLE NAME CHAIRMAN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME D
STURRUS, ANTHONY ☒ Delete
STREET ADDRESS 150 DUPONT DR
CITY-ST-ZIP PROVIDENCE RI 02907

TITLE NAME GM/CFO
ROBERT B. GREGORY ☐ Change ☒ Addition
STREET ADDRESS 625 E 10TH AVE
CITY-ST-ZIP HIALEAH, FL 33010

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

TITLE NAME
JOSEPH CARRIGAN ☐ Change ☒ Addition
STREET ADDRESS 625 EAST 10TH AVE
CITY-ST-ZIP HIALEAH, FL 33010

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90062 047 ***558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

9/4/01

305-499-4300