

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92044

1. Entity Name

PRO-EQUITY GROUP, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90004 014 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10825 NW 33 ST MIAMI FL 33172 US		Mailing Address 10825 NW 33 ST MIAMI FL 33122-0230 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9990 SW 77 Avenue Suite 330 City & State Miami, FL 33156	
City & State	Zip	Country	4. FEI Number 65-0224422
Zip	Country	Zip	Country
33156	USA	33156	USA
6. Name and Address of Current Registered Agent WENNIN, HELMUTH 10825 NW 33 ST MIAMI FL 33172		7. Name and Address of New Registered Agent Name John A. Margolis, Esq. Street Address (P.O. Box Number is Not Acceptable) 9990 SW 77 Avenue, Suite 330 City Miami FL Zip Code 33156	
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 <i>[Signature]</i> DATE <i>7/26/00</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> XX		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S/T NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, MYRIAM 10825 NW 33 ST MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Young, Myriam Suite 330, 9990 SW 77 Ave. Miami, FL 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	D WENNIN, HELMUTH 10825 NW 33 ST MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE R. YOUNG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MYRIAM YOUNG

Date

Daytime Phone #

305-595-1938

CR2E034 (9/99)