

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90127 034 ***550.00

DOCUMENT # P01000022514

1. Entity Name

PRO FX DESIGN INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2632 Hollywood Blvd.

3. Mailing Address
2632 Hollywood Blvd.

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33020

Country
USA

Zip
33020

Country
USA

4. FEI Number
65-1091784

Applied For
Not Applicable

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

80134699

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Yusuf N. Joyles

Street Address (P.O. Box Number is Not Acceptable)

2632 Hollywood Blvd. Suite 105

City Hollywood

FL

Zip Code
33020

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 of Registered Agent (if different from entity name and like it applicable)

(NOTE: Registered Agent signature required when translating)

DATE

08/16/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
Peter C. Whittington
2632 Hollywood Blvd., Suite 105 Hollywood,
FL 33020

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S/D
Jeffrey N. Marks
1815 Griffin Road, Suite 200 Ft. Lauderdale,
FL 33044

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address and all other like employment.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER C. WHITTINGTON, PRESIDENT

08/16/02

Date

Daytime Phone #

CR2E034B (12/01)