

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90171 004 \*\*\*550.00

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**DOCUMENT # P01000022514**

1. Entity Name  
**PRO FX DESIGN, INC.**



Principal Place of Business  
**2632 HOLLYWOOD BLVD  
SUITE 105  
HOLLYWOOD FL 33020**

Mailing Address  
**2632 HOLLYWOOD BLVD  
SUITE 105  
HOLLYWOOD FL 33020**



2. Principal Place of Business

**2632 Hollywood Blvd**

Suite, Apt. #, etc.

**Suite 106**

City & State

**Hollywood, FL**

Zip

**33020**

Country

**Broward**

3. Mailing Address

**2632 Hollywood Blvd**

Suite, Apt. #, etc.

**Suite 106**

City & State

**Hollywood, FL**

Zip

**33020**

Country

**Broward**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1091784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOYLES, YUSUF N  
2632 HOLLYWOOD BLVD SUITE 105  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name  
**Jeffrey N. Marks**

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

**1815 Griffin Rd, Suite 200**

City

**Dania**

**FL**

Zip Code

**33304**

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

**7-12-03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
NAME **WHITTINGTON, PETER C**  
STREET ADDRESS **2632 HOLLYWOOD BLVD SUITE 105**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **SD** ☐ Delete  
NAME **MARKS, JEFFREY N**  
STREET ADDRESS **1815 GRIFFIN ROAD SUITE 200**  
CITY-ST-ZIP **FT LAUDERDALE FL 33004**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-12-03**

Date

**954 929 7888**

Daytime Phone #

CR2E034 (4/03)