

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90058 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #:

PO1000116604

1. Entity Name

Pro Home Improvement Inc.

661708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

30325 SW 154 Ct

3. Mailing Address

30325 SW 154 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Leisure City, FL

City & State

Leisure City, FL

4. FEI Number

65-1154188

Applied For

Not Applicable

Zip 33033

Country USA

Zip 33033

Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jose Manuel Pro

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

30325 SW 154 Ct

City Leisure City

FL

Zip Code
33033

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

Jose Manuel Pro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02
DATE

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 P/O/S/T/D
NAME Jose Manuel Pro
STREET ADDRESS 30325 SW 154 Ct
CITY-ST-ZIP Leisure City, FL 33033

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**DO NOT WRITE
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)(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 on an attachment with an address with all other like empowered.

SIGNATURE:

Jose Manuel Pro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 245-6394

Date

4/29/02
Daytime Phone #

CR2E034B (12/01)