

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90477 026 ***150.00

DOCUMENT # P01000118794

1. Entity Name

Prosource Group, Inc.



DO NOT WRITE IN THIS SPACE

20005423

2. Principal Place of Business

9894 SE Osprey Pointe Dr

Suite, Apt. #, etc.

3. Mailing Address

PO Box 806

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hobe Sound Florida

City & State

Hobe Sound

4. FEI Number

01-054-9596

Applied For

Not Applicable

Zip

33455

Country

USA

Zip

33475

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Ralph DeMiranda

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

9894 SE Osprey Pointe Dr

City Hobe Sound

FL

Zip Code
33455

**DO NOT WRITE
IN THIS SPACE**

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

Ralph DeMiranda

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

(NOTE: Registered Agent signature required when reinstating)

1-10-2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Ralph DeMiranda
9894 SE Osprey Pointe Dr Hobe Sound, FL
33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph DeMiranda Ralph DeMiranda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2003

Date

772-545-1955

Daytime Phone #

CR2E034B (12/02)