

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000085144**

1. Entity Name

PROMAN INTERNATIONAL, INC.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90102 046 ***150.00

0138217

Principal Place of Business

1515 UNIVERSITY DRIVE
SUITE 109
CORAL SPRINGS FL 33071
US

Mailing Address

1515 UNIVERSITY DRIVE
SUITE 109
CORAL SPRINGS FL 33071
US

00030303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2499610**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, WILLIAM F
2401 E ATLANTIC BLVD
SUITE 410
POMPANO BEACH FL 33062Name **Sullivan William F.**
Street Address (P.O. Box Number is Not Acceptable)
2211 E. Sample Road, Suite 204
City **Lighthouse Point FL** Zip Code **33064**

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.

7590

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CASSIDY, JOSEPH**
STREET ADDRESS **DDREIFALTIGKEITSSTRASSE 19A**
CITY-ST-ZIP **D-440625 DUSSELD, GERMANY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MOUGET, ERICH**
STREET ADDRESS **DDREIFALTIGKEITSSTRASSE 19A**
CITY-ST-ZIP **D-440625 DUSSELD, GERMANY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KASTNER, HERMAN**
STREET ADDRESS **DDREIFALTIGKEITSSTRASSE 19A**
CITY-ST-ZIP **D-440625 DUSSELD, GERMANY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **POWERS, ROBERT W**
STREET ADDRESS **4122 NW 79 AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert W. Powers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Powers
Corp. Secretary

3/24/01

Date

954-344-8333

Daytime Phone #

CR2E034 (10/00)