

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90122 042 ***150.00

DOCUMENT # P96000063694

1. Entity Name
PRO - FIN FINANCIAL SERVICES CORPORATION



Principal Place of Business
**10970 LA REINA ROAD
DELRAY BEACH FL 33446
US**

Mailing Address
**10970 LA REINA ROAD
DELRAY BEACH FL 33446
US**

90003559



2. Principal Place of Business
4100 NW 74th ST

3. Mailing Address
4100 NW 74th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
COCONUT CREEK FL.

City & State
COCONUT CREEK FL.

4. FEI Number
65-0688225

Applied For
☐ Not Applicable

Zip
33073

Country
USA

Zip
33073

Country
USA

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

**FINGER, RONALD
10970 LA REINA ROAD
TIERRA DEL RAY NORTH
DELRAY BEACH FL 33446**

Name
FINGER RONALD

Street Address (P.O. Box Number is Not Acceptable)
4100 NW 74th ST

City
COCONUT CREEK FL

Zip Code
33073

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 **FINGER RONALD**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
FINGER, RONALD
10970 LA REINA ROAD
DELRAY BEACH FL 33446** ☐ Delete **Change address**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
FINGER RONALD
4100 NW 74th ST
COCONUT CREEK FL. 33073** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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: **FINGER RONALD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

954 6980700

Daytime Phone #

CR2E034 (10/02)