

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90040 038 ***550.00

DOCUMENT # P98000015052			
1. Entity Name PRO-WARE, INC.			
Principal Place of Business 631 NW 7TH TERRACE FORT LAUDERDALE FL 33311		Mailing Address 631 NW 7TH TERRACE FORT LAUDERDALE FL 33311	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0858082		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRATER, HORST 2430 CASTILLA ISLE FT. LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (Signature, typed or printed name of registered agent and DRI is acceptable) (NOTE: Registered Agent signature required when reappointing) DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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 NAME STREET ADDRESS CITY-STATE-ZIP	D FRATER, HORST 2430 CASTILLA ISLE FT LAUDERDALE FL 33301	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FRATER, ANTJE 2430 CASTILLA ISLE FT LAUDERDALE FL 33301	☐ Delete	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(c), 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 a checkmark, with all other like employees.			
SIGNATURE: <u>Fracter</u> <u>7/25/01</u> <u>954-563-1000</u>			



DO NOT WRITE IN THIS SPACE

PROCESSED BY