2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000020265

1. Entity Name

PRO FUNDING CORP.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90213 050 ***150.00

THO I GIADING CONT.											
Principal Place of Business 2285 N.W. 150 ST.: MIAMI FL 33054		2285 N.	Mailing Address 2285 N.W. 150 ST. MIAMI FL 33054					25/15 (1217)	ERICE LIZIO I	.	
						_					
2. Principal Place of Business		3. Mailir	3. Mailing Address				(140 (104 114 16410 1914) 84 14 9944 4844	BB148 11811		******	
Suite Apt #, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City &	City & State			4.	KK-18UKRAR			pplied For ot Applicable]-
Zip	Country		Zip Cour		ntry 5. C		Certificate of Status Desired		3.75 Ad]
	6. Name and Address of	 Current Registered				7. Name and Address of New Registered Agent					1
			Name								
BOLD, KEI 2285 N.W.			Street Address			(P.O. Box Number is Not Acceptable)					1
MIAMI FL											
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-	City			FL	Zip Cod	le	1
	named entity submits this stations of registered agent.	itement for the purpor	se of changing its	registere	d office or registe	red ag	ent, or both, in the State of Florida.	I am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of regi	stered agent and title if applic	able. (NOT	E: Registered	Agent signature require	d when re	einstating)	DATE			
	ILE-NOW!!!~FEE-IS-\$15	1	<u> </u>				9. Election Campaign Financia	<u> </u>	\$5.0	O May Be	
	r May 1, 2003 Fee will be : c Payable to Florida Depar						Trust Fund Contribution.	" _□		d to Fees	
10.		ERS AND DIRECTOR	S	11,		AD	L DITIONS/CHANGES TO OFFICER	S AND D	RECTOR	RS IN 11	+
TITLE	D		☐ Delete	TITLE			<u> </u>	_	Change	☐ Addition	16
	BOLD, KENNETH			NAME	ET ADDRESS						1
	2285 N.W. 150 ST. MIAMI FL 33054				ST-ZIP						8
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	BOLD, JANET			NAME							`
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 12. I hereby of indicated 	certify that the information sup on this report or supplement	oplied with this filing d al report is true and a	loes not qualify for ocurate and that r	r the exer ny signati	nption stated in Si ure shall have the	ection .	.119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath;	ner certify that I am	tnat the l an office	mormation r or director	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEIRE MESANRERENNETH L BOLD

1-15-03 305-687-87