



*Companies House*  
— for the record —

**AR01** (ef)

**Annual Return**



XRORIEGF

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*Company Name:* **PROBARE LIMITED**

*Company Number:* **04937233**

*Date of this return:* **20/10/2009**

*SIC codes:* **7414**

*Company Type:* **Private company limited by shares**

*Situation of Registered Office:* **51 NORWOOD HIGH STREET  
LONDON  
SE27 9JS**

**Officers of the company**

*Service Address:*

## *Company Secretary 1*

*Type:* **Corporate**  
*Name:* **KAYE REGISTRARS LIMITED**  
*Registered or principal address:* **51 NORWOOD HIGH STREET  
LONDON  
UNITED KINGDOM  
SE27 9JS**

## *European Economic Area (EEA) Company*

*Register Location:* **UK**  
*Registration Number:* **04509599**

*Consented to Act:* **Y** *Date authorised:* *Authenticated:* **ERRO**

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## *Company Director 1*

*Type:* **Person**  
*Full forename(s):* **JASON XAVIER**  
*Surname:* **COPE**  
*Former names:*  
*Service Address:* **4 PAVELEY DRIVE  
LONDON  
SW11 3TP**

*Country/State Usually Resident:* **UNITED KINGDOM**

*Date of Birth:* **09/04/1973** *Nationality:* **BRITISH**  
*Occupation:* **BUSINESS CONSULTANT**

## Statement of Capital (Share Capital)

<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>100</b>
	<b>GBP</b>	<i>Aggregate nominal value</i>	<b>100</b>
<i>Currency</i>		<i>Amount paid</i>	<b>0</b>
		<i>Amount unpaid</i>	<b>0</b>
<i>Prescribed particulars</i>	<b>SHAREHOLDER HAS RIGHT TO 100% OF ANY DIVIDEND PAYABLE</b>		

## Statement of Capital (Totals)

<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>100</b>
		<i>Total aggregate nominal value</i>	<b>100</b>

### *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 20/10/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

*A full list of shareholders for a private or non-traded public company are shown below*

*Shareholding 1:*

**100 ORDINARY Shares held as at 20/10/2009**

*Name:*

**JASON COPE**

*Address:*

## Presenter information

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*Contact Name:*

*Address:*

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## *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.