2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90046 047 ***150.00

DOCUMENT # P95000044183

1. Entity Name
PSM CORPORATE SERVICES, INC.

Principal Place of Business	Mailing Address
~~7220 SW 107 TERRACE~~	~~7220 SW 107 TERRACE~~
~~MIAMI FL 33156~~	~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7155 Los Pinos Blvd.	7155 Los Pinos BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables - FL	City & State: Coral Gables - FL
Zip: 33143 Country: USA.	Zip: 33143 Country: USA

4. FEI Number 65-0596664 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CESAR DE MIRANDA, PAULO
~~7220 SW 107 TERRACE~~
~~MIAMI FL 33156~~

7. Name and Address of New Registered Agent

Name: PAULO CESAR de MIRANDA
Street Address (P.O. Box Number is Not Acceptable): 7155 LOS PINOS Blvd.
City: Coral Gables **FL** Zip Code: 33143

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] 4/24/2002
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, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRANDA, PAULO ~~7220 SW 107 TERRACE~~ ~~MIAMI FL 33156~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 7155 Los Pinos BLVD. Coral Gables, FL, 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRANDA, SILVIA ~~7220 SW 107 TERRACE~~ ~~MIAMI FL 33156~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 7155 Los Pinos BLVD Coral Gables, FL, 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED [signature] 4/24/2002 305 7555802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)