

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90304 009 ***150.00

0230317

DOCUMENT # P96000069920

1. Entity Name
P.S.M. (U.S.A.), INC.

Principal Place of Business

12955 BISCAYNE BLVD
 STE 406
 N. MIAMI FL 33181
 US

Mailing Address

12955 BISCAYNE BLVD
 STE 406
 N. MIAMI FL 33181
 US

360000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6188 NW 62nd TERRACE
 Suite, Apt. #, etc.

3. Mailing Address

6188 NW 62nd TERRACE
 Suite, Apt. #, etc.

City & State

PARKLAND, FL

Zip
33067

Country

U.S.A.

City & State

PARKLAND, FL

Zip

33067

Country

U.S.A.

4. FEI Number **65-0689900**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ABITBOL, ALBERT
12955 BISCAYNE BLVD
STE 406
N. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name **ALBERT ABITBOL**
 Street Address (P.O. Box Number is Not Acceptable)
6188 NW 62nd TERRACE
 City **PARKLAND, FL** Zip Code **33067**

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 fee if applicable.

(NOTE: Registered Agent's 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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ABITOL, ALBERT	1801 CLINT MOORE RD, STE 201	BOCA RATON FL 33487	<input type="checkbox"/>
S	ABITBOL, DANIEL	10438 LAKE VISTA DR	BOCA RATON FL 33428	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	ABITBOL, ALBERT	6188 NW 62nd TERRACE	PARKLAND, FL 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT ABITBOL

04/18/01

954-752-5917

Date

Daytime Phone #

CR2E034 (10/00)