


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-17-2003 91049 045 ***150.00

DOCUMENT # P97000073804

1. Entity Name
PASADENA BUSINESS SERVICES, INC.



Principal Place of Business
**1472 N.W. 113 WAY
PEMBROKE PINES FL 33026**

Mailing Address
**1472 N.W. 113 WAY
PEMBROKE PINES FL 33026**

00014000



2. Principal Place of Business
~~1472 N.W. 113 Way~~ **461 San Servando**

3. Mailing Address
461 San Servando Ave.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, Fla

City & State
Coral Gables, Fla

Zip
33143

Country
USA

Zip
33143

Country
USA

4. FEI Number
65-0777217

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERICO, ANTHONY J
1472 N.W. 113 WAY
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name
Denise R. JACOBS

Street Address (P.O. Box Number is Not Acceptable)
461 San Servando Ave

City
Coral Gables

State
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Denise R. Jacobs* **Denise R. JACOBS** **3-10-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMERICO, ANTHONY J 1472 N.W. 113 WAY PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMERICO, JANET 1472 N.W. 113 WAY PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBS, DENISE R 461 SAN SERANDO CORAL GABLES FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anthony Americo 461 San Servando Ave Coral Gables, Fla 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANET AMERICO 461 SAN SERANDO Coral Gables, Fla 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing PARTNER Denise R. JACOBS 461 SAN SERANDO CORAL GABLES, FLA 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Denise R. Jacobs* **Denise R. JACOBS** **3-10-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)