

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90053 032 \*\*\*150.00

**DOCUMENT # P99000007917**

1. Entity Name

**BUILDING PERMIT SERVICES GROUP, INC.**

Principal Place of Business

Mailing Address

11450 NORTHWEST 56TH DRIVE  
 UNIT 6-115  
 CORAL SPRINGS FL 33076

11450 NORTHWEST 56TH DRIVE  
 UNIT 6-115  
 CORAL SPRINGS FL 33076-3126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0912178

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name

*TYRONE J. RUIZ*

Street Address (P.O. Box Number is Not Acceptable)

*11450 NW 56 Dr.*

*Suite 6-115*

City

*Coral Springs*

FL

Zip Code

*33076*

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* President

*4-27-00*

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, 2000 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  Delete  
 NAME PSTD  
 STREET ADDRESS RUIZ, TYRINE J  
 CITY-ST-ZIP 11450 NORTHWEST 56TH DRIVE  
 CORAL SPRINGS FL 33076

TITLE  Change  Addition  
 NAME V  
 STREET ADDRESS Ruiz, Lysette J  
 CITY-ST-ZIP 11450 Northwest 56th Drive  
 Coral Springs, FL. 33076

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]* TYRONE J. RUIZ

*4-27-00*

*(54)234-5679*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

P99000007917

102196

To whom it may concern, <sup>4-26-00</sup>

In block 11, my first  
name was spelled wrong.

Please corrected to TYRONE

Thank You

*Tyrone [Signature]*