

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90031 035 ***150.00

DOCUMENT # P99000007917

1. Entity Name

Building Permit Services Group, Inc. ✓

Principal Place of Business

11450 Northwest 56th Drive
 Unit 6-115
 Coral Springs, FL 33076

Mailing Address

11450 Northwest 56th Drive
 Unit 6-115
 Coral Springs, FL 33076

658365

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0912178

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYRONE J. RUIZ
 11450 Northwest 56th Drive
 Suite 6-115
 Coral Springs, FL 33076

Name

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

City

FL

Zip Code

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

Tyrone J. Ruiz - President

4-27-01

Signature of person in charge of registered agent or this corporation.

(NOTE: Registered Agent signature required when re-registering)

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
ABA: MAY 1, 2001 Fee will be \$250.00
 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, TYRONE J**
 CITY-ST-ZIP **11450 Northwest 56th Drive Coral Springs, FL 33076**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **RUIZ, Lysette J**
 STREET ADDRESS **11450 Northwest 56th Drive**
 CITY-ST-ZIP **Coral Springs, FL 33076**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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)(l), 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:

Tyrone J. Ruiz - Tyrone J. Ruiz

4-27-01

(954) 275-8990

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2ED034 (11/00)