2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am DOCUMENT # P99000039048 **Secretary of State** PROFESSIONAL DATA SERVICES, INC. 02-08-2000 90148 017 ***150 00 Principal Place of Business Mailing Address 10701 S.W. 102 AVENUE 10701 S.W. 102 AVENUE MIAM! FL 33176-3513 ----MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-091550 Not Airpii...' Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINEZ, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 10701 S.W. 102 AVENUE MIAMI FL 33176 Zip Code City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CFO TITLE ☐ Delete MARTINEZ, GUILLERMO NAME NAME STREET ADDRESS 10701 S.W. 102 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33176** PD ☐ Change ☐ Delete TITLE MARTINEZ, GUILLERMO NAME 10701 S.W. 102 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** VPD ☐ Delete Change TITLE MARERO, ROBERTO NAME 10701 S.W. 102 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE PAZ, CARMEN NAME NAME 10701 S.W. 102 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAM! FL 33176** ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change _ · · · · · ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 the corporation or the receiver or true see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EGUILLE 200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR