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

UN	IFORM BUSIN	E22	KEPOK	<u>i (ark</u>	<u> </u>	FILED			
DOCUMENT # \$73019						ILEU	¥.		
1. Entity Name PROFESSIONAL BLINDS SYSTEMS INC.						03 MAY -5 AMII	:12		
				655	TE TEST	SECRETARY OF ST TALLAHASSEE, FLO	ATE.		
Principal Place of Business Mailing Address 6850 N.W. 74 STREET % RICHARDS & POLAN				SKY, P.A.		IALLAHASSE, FL()	RIDA		
MIAMI FL 33	166	2665	2665 S. BAYSHORE DRIVE, STE. 703						
US		MIAME FL 33133 US							
2. Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Number 65-0288801	<del></del>	oplied For	
Zip	Zip Country		Country			5. Certificate of Status Desired	\$8.75 Add	ditional ,	
	6. Name and Address of Currer	ıt Registered	l Agent			7. Name and Address of New Regis	_ <del></del>		
	00000177 07017070 1110			Name					
WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DRIVE				Street A	Street Address (P.O. Box Number is Not Acceptable)				
STE. 703									
MIAMI FL 33133			City				FL Zip Cod	e	
	named entity submits this statement ions of registered agent.	for the purpor	se of changing its	registered office of	r registere	d agent, or both, in the State of Florida	. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	at and title it applic	sable (NOTS	Registered Agent signa	ture required to	when rejectation)	DATE	<u>_</u>	
				- Tragista see Tigank ang Ti					
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Financ     Trust Fund Contribution.	ing <b>\$5.0</b> Added	May Be to Fees	
10.	OFFICERS AN	D DIRECTOR	S	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD PC PARTIE		☐ Delete	TITLE			☐ Change	☐ Addition	
name Street address <sup>1</sup>	BELSOL, JOSE MANUEL 6850 N.W. 74TH STREET	•		NAME STREET ADDRESS	1				
CITY-ST-ZIP	MIAMI FL 33166			CITY-ST-ZIP					
TITLE	VPD		Delete	TITLE	VP		☐ Change	X Addition	
name Street address	MERJECH, OSCAR   6850 N.W. 74TH STREET			NAME STREET ADDRESS	ſ	A, RAFAEL			
CITY-ST-ZIP	MIAMI FL 33166			CITY-ST-ZIP		N.W. 74th Street i, Florida 33166			
TITLE	S		☐ Delete	TITLE	1111111	1) 1101100 55100	☐ Change	Addition	
NAME	MATOS, TOMAS			NAME	1	•			
STREET ADDRESS CITY-ST~ZIP	6850 N.W. 74TH STREET			STREET ADDRESS CITY-ST-ZIP			•		
TITLE	MIAMI FL 33166		☐ Delete	TITLE	<u> </u>		☐ Change	Addition	
NAME	MENDEZ, BERNARDO		□ Delete	NAME		2000179			
STREET ADDRESS	6850 N.W. 74TH STREET			STREET ADDRESS	1	2000 <b>179</b> 05/05/0301013-	-011 **21	63.75	
CITY-ST-ZIP	MIAMI FL 33166			CITY-ST-ZIP	ļ				
TITLE NAME	D Garcia, Jose		☐ Delete	TITLE NAME	ļ		Change	☐ Addition	
STREET ADDRESS	6850 N.W. 74TH STREET			STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33166			CITY-ST-ZIP	į				
TITLE			☐ Delete	TITLE			Change	Addition	
NAME				NAME CTREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	,			STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied wi	th this filina d	oes not qualify for	the exemption sta	ited in Sec	tion 119.07(3)(i), Florida Statutes. I furt	her certify that the in	nformation	
indicated of the cor	on this report or supplemental report	is true and ac powered to ea	ccurate and that m xecute this report a	y signature shall h	have the sa	ame legal effect as if made under oath; Florida Statutes; and that my name ap	that I am an officer	or director	
-	/								

SIGNATURE:

SIGN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATURE REQUISER Manuel Belsol 3/12/03 (305) 858-9900 Date

Daytime Phone #