

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90285 049 ***150.00

DOCUMENT # P01000112666

1. Entity Name
PSYMPLETOWN CORP.



Principal Place of Business
**7540 SW 153 PL.
#204
MIAMI FL 33193**

Mailing Address
**7540 SW 153 PL.
#204
MIAMI FL 33193**



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
80-0010155

Applied For
Not Applicable

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

**DILAN, LUIS A
10131 SW 154 CIR CT #107
MIAMI FL 33196**

Name **Dacier Valdes**
Street Address (P.O. Box Number is Not Acceptable) **7540 SW 153 Place #204**
City **Miami** FL Zip Code **33193**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VALDES, ALEXANDER M**
STREET ADDRESS **7540 SW 153 PL. #204**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **GONZALEZ, MIRIAM E**
STREET ADDRESS **10131 SW 154 CIR CRT #107**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **Secretary, Treasurer** ☒ Change ☐ Addition
NAME **Gonzalez, Miriam E**
STREET ADDRESS **10131 SW 154 Cir. Crt. #107**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **V** ☐ Delete
NAME **VALDES, DACIER**
STREET ADDRESS **7540 SW 153 PL. #204**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

(305) 752-4557

Daytime Phone #

CR2E034 (10/02)