

2 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90091 045 ***150.00

DOCUMENT # 249266

1. Entity Name
P & S APARTMENTS INC

Principal Place of Business

**OSCAT MESA
410 EUCLID AVENUE APT 11
MIAMI BEACH FL 33139
US**

Mailing Address

**OSCAT MESA
410 EUCLID AVENUE APT 11
MIAMI BEACH FL 33139
US**

2. Principal Place of Business

3. Mailing Address

220-71st. Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 207

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

FL

Dade

4. FEI Number

59-0997654

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

**MESA, OSCAR
410 EUCLID AVENUE APT 11
MIAMI BEACH FL 33139**

Name

The Wall Management Corp.
Street Address (P.O. Box Number is Not Acceptable)

220-71st. Street Suite 207

City

Miami Beach

FL

Zip Code
33141

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.

Orlando De Luiz

(NOTE: Registered Agent signature required when reinstating)

Feb/07/2002

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
After May 1, 2002 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 **P** ☐ Delete
NAME **BENJAMIN, ISAAC**
STREET ADDRESS **410 EUCLID AVENUE APT 2**
CITY-ST-ZIP **MIAMI BCH FL 33139**

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

TITLE **VP** ☒ Delete
NAME **MESA, OSCAR**
STREET ADDRESS **410 EUCLID AVENUE APT 11**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **VP** ☒ Change ☐ Addition
NAME **Gilson Novaes**
STREET ADDRESS **410 Euclid Avenue Apt. 15**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **S** ☐ Delete
NAME **PEREZ, RAFAEL**
STREET ADDRESS **410 EUCLID AVENUE APT 5**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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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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:

Rafael Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb/07/2002

Date

305 819-3183

Daytime Phone #

CR2E034 (9/01)