

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
220-71st. Street
Suite 207

City & State
Miami Beach, FL

4. FEI Number **59-0997654** Applied For
 Not Applicable

Zip Country Zip Country
FL Dade

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 **Orlando De Luiz** **Feb/07/2002**
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 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENJAMIN, ISAAC		NAME	
STREET ADDRESS 410 EUCLID AVENUE APT 2		STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL 33139		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MESA, OSCAR		NAME Gilson Novaes	
STREET ADDRESS 410 EUCLID AVENUE APT 11		STREET ADDRESS 410 Euclid Avenue Apt. 15	
CITY-ST-ZIP MIAMI BCH FL 33139		CITY-ST-ZIP Miami Beach, FL 33139	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, RAFAEL		NAME	
STREET ADDRESS 410 EUCLID AVENUE APT 5		STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** **Feb/07/2002** **305 819-3183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)