

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90181 049 ***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
**220-71ST STREET
STE 207
MIAMI BEACH FL 33139
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**THE WALL MGMT CORP
220-71ST STREET STE 207
MIAMI BEACH FL 33141**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]* **PRESIDENT**

ORLANDO DE LUZ

4/15/03

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 **P** ☒ Change ☐ Addition
NAME **JUSTA.O. MACHADO**
STREET ADDRESS **410 EUCLID. APT. #3**
CITY-ST-ZIP **MIAMI - BEACH, FL. 33139**

TITLE **VP** ☐ Delete
NAME **NOVAES, GILSON**
STREET ADDRESS **410 EUCLID AVENUE APT 15**
CITY-ST-ZIP **MIAMI BCH FL 33139**

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

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
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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: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/03 (305) 673-0864

CR2E034 (10/02)