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

DOCUMENT# 53 . Entity Name	534359	
IRST PROPERTY SERVICES,	, INC.	
rincipal Place of Business	Mailing Address	
325 S.W. 56TH STREET	8325 S.W. 56TH STREET	



**FILED** May 01, 2003 8:00 am § Secretary of State

05-01-2003 90245 028 \*\*\*150.00

Principal Place of Business 8325 S.W. 56TH STREET P.O. BOX 557157 MIAMI FL 33155		Mailing Address 8325 S.W. 56TH STREET P.O. BOX 557157 MIAMI FL 33155			
2. Principal F	Place of Business	3. Mailing Address		5 (MARSEL MILLOW MIRRI MILLOW MIRRIA (MILLOW MIRRIA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-1748378 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
PRINZ, EUGENE A. 8325 S.W. 56TH STREET		Name Street Addres	s (P.O. Box Number is Not Acceptable)		
MIAMI FL	33100		City	FL Zip Code	
	e named entity submits this statement fitions of registered agent.	or the purpose of changing i	its registered office or regis	lered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	DTE: Registered Agent signature requ	ired when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	PST PRINZ, EUGENE A. 8325 SW 56 ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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TITLE NAME STREET ADDRESS CITY ST. ZIP		☐ Delete	TITLE NAME STREET ADDRESS	Change Addition	

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:**