


2001 UNIFORM BUSINESS REPORT (UBR)

0002909 AF

DOCUMENT # A93000000567
 1. Entity Name
 P.S. ILTEX, LTD.

FILED
 01 FEB 21 PM 2: 28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 1720 HARRISON STREET, 7TH FLOOR
 HOLLYWOOD FL 33020

Mailing Address
 1720 HARRISON STREET, 7TH FLOOR
 HOLLYWOOD FL 33020

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

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number **65-0413418**
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CHIKOVSKY, FRED
 1720 HARRISON ST., 7TH FLOOR
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P93000038604
NAME	P.S. I-T, INC.
STREET ADDRESS	1720 HARRISON STREET, 7TH FLOOR
CITY-ST-ZIP	HOLLYWOOD FL 33020
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	200003768482--4
STREET ADDRESS	02/26/01 01137 009
CITY-ST-ZIP	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Carole Diamond, Secretary 2/1/01 954-920-4438
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER P.S. I-T, Inc. Date Daytime Phone #
Carole Diamond

CR2E003 (11/00)