

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 013 ***158.75

DOCUMENT # **7 73782**

1. Entity Name

**Pam's Int'l Nurses Tutoring and
Placement Bureau, Inc.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8217 Biscayne Blvd

Suite, Apt. #, etc.

3. Mailing Address

8217 Biscayne Blvd

Suite, Apt. #, etc.

City & State

Miami, Fla

City & State

Miami, Florida

Zip

33138

Country

USA

Zip

33138

Country

USA

4. FEI Number

59214 2616

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Hilda Allen

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

8217 Biscayne Blvd.

Miami

City

FL

Zip Code

33138

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pamela Green P/D/T.
941 NE 83rd St.
Miami Fla. 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Hilda Allen V/S/D
8217 Biscayne Blvd
Miami Fla. 33138**

TITLE
NAME
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CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hilda Allen

Hilda Allen

4/26/03

305 758 2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)