2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

200 UNI	03 FOR PROI FORM BUSIN	ESS REP	ORT (UBR)	_	Feb 13, 2003			Ì
DOCUM 1. Entity Name PROFESSION	03 ry, inc.		1000	Secretary of State 02-13-2003 90260 038 ***150.00					
					_				
Principal Place of Business 3101 N. FEDERAL HWY #600 FT. LAUDERDALE FL 33016-1042 US 2. Principal Place of Business		Mailing Address 3101 N. FEDERAL HWY #600 FT. LAUDERDALE FL 33306-1042 US 3. Mailing Address							
Suite, Apt. #		Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FE	4. FELINARIDE E0_9901896		lied For Applicable	
Zip	Country	Zip	Cou	intry	5 . Ce	ertificate of Status Desired	\$8.75 Addit Fee Required	ional	į
	6. Name and Address of Curr	ent Registered Agent			7. Na	me and Address of New Registered	Agent		
	6. Name and Address of Curr	ent negisteres rigeni		Name					l
HASHEMI, A HAMID 3101 N. FEDERAL HIGHWAY #600				Street Address (P.O. Box Number is Not Acceptable)					
	DERDALE FL 33306							:	
FURI LAU	DENDALE PL 33300			City		FL	Zip Code		
				City			<u> </u>		-
8. The above the obligati	named entity submits this stateme ons of registered agent.	nt for the purpose of ch	anging its regist	ered office or regi	stered age	nt, or both, in the State of Florida. I am	familiar with, a	and accept	
SIGNATUŘE .	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Regist	ered Agent signature red	uired when rei	nstating) DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	.00	-			mast) and Commodio	Added	May Be to Fees	
	N	AND DIRECTORS	1	1.	ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS		ج ا
TITLE	PVTS		Delete T	ITLE			Change	Addition	Fn34 (10/02)
NAME	HASHEMI, A HAMID		1	IAME					17
STREET ADDRESS	3101 N. FEDERAL HIGHWAY	′, # 600		TREET ADDRESS					18
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	06		CITY-ST-ZIP			ET Change	Addition	٦ ٦
TITLE			201010	TITLE			Change	☐ Addition	C
NAME				NAME					ĺ
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP					}
CITY-ST-ZIP					٠- يسومت	The state of the s	- Change	☐ Addition	1
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NAME OTREET ADDRESS				STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					4
			Delete	TITLE			Change	☐ Addition	
TITLE NAME		لب.ا		NAME					
HAMINE				STREET ADDRESS					- (

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 truster amprovered 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 apprecs with all are like empowered.

PROFESSIONAL SERVICES REALTY, INC., CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

REQUIRED ED NAME OF SIGNING OFFICER OF DIRECTOR ASHEMI, as President 1/15/03

954-564-6550

Date

Daytime Phone #

Change

Change

☐ Addition

Addition

FILED