

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90061 043 ***150.00

DOCUMENT # F99000001860

1. Entity Name

PROFESSIONAL RESOURCES & SERVICES, INC - A GEORGIA CORPORATION

Principal Place of Business

**4700 SW 51 ST
 STE 214
 DAVIE FL 33314
 US**

Mailing Address

**320 SOUTH FLAMINGO RD.. #118
 PEMBROKE PINES FL 33027
 US**



2. Principal Place of Business

4700 SW 51 ST

3. Mailing Address

4700 SW 51 ST

Suite, Apt. #, etc.

SUITE 218

Suite, Apt. #, etc.

SUITE 218

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0862284

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, SYLVIE

320 S FLAMINGO

PMB 118

PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name

Hernandez Sylvie

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

11040 NW 22 ST

City

Pembroke Pines

FL

Zip Code

33026

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **HERNANDEZ, SYLVIE**
 STREET ADDRESS **320 S FLAMINGO RD PMB #118**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **D** ☒ Delete
 NAME **HOCHSTETLER, DAVID**
 STREET ADDRESS **1058 CROMEY RD, NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **11040 NW 22 STREET**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)