

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17932

Entity Name
P.M.S.C., INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90098 008 ***150.00

Principal Place of Business Mailing Address
LERMAN & LERMAN, P.A. % LERMAN & LERMAN, P.A.
EAST FLAGLER STREET, PENTHOUSE 101 48 EAST FLAGLER STREET, PENTHOUSE 101
FL 33131 MIAMI FL 33131-1012



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 59-2437602		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LERMAN, ISIDORO 48 E FLAGLER ST PENTHOUSE 101 MIAMI FL 33131				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 _____

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINSKI, BERTHA		NAME		
STREET ADDRESS	5660 COLLINS AVE 11C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33140		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINSKI, GEORGE		NAME		
STREET ADDRESS	2031 NE 210 ST		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL 33179		CITY-ST-ZIP		
TITLE	SDVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINSKI, OSCAR		NAME		
STREET ADDRESS	5660 COLLINS AVE 11C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33140		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ DATE: 2/29/2000 DAYTIME PHONE: _____

CR2E034 (9/99)