

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H82009

1. Entity Name

PERSONALLY YOURS SERVICES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90003 050 ***150.00

Principal Place of Business

1800 W. 49TH ST., STE 309
HIALEAH FL 33012

Mailing Address

1800 W. 49TH ST., STE 309
HIALEAH FL 33326-7085

2. Principal Place of Business

1840 West 49th Street

Suite, Apt. #, etc.

Suite 105

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

3. Mailing Address

P.O. Box 267085

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33326

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2597845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REISER, JACQUELINE B.
1800 W 49TH ST
SUITE 309
HIALEAH FL 33012

Name

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

1840 West 49th Street

Suite 105

City

Hialeah

FL

Zip Code

33012

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

Jacqueline B. Reiser, Jacqueline B. Reiser, Pres

2/1/00

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, 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
NAME	REISER, JACQUELINE B.	
STREET ADDRESS	1800 WEST 49TH STREET, SUITE 309	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DTC	<input type="checkbox"/> Delete
NAME	REISER, MICHAEL R.	
STREET ADDRESS	1800 WEST 49TH STREET, SUITE 309	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	REISER, ELIZABETH M.	
STREET ADDRESS	1800 WEST 49TH STREET, SUITE 309	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REISER, DONALD M.	
STREET ADDRESS	1800 WEST 49TH STREET, SUITE 309	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1840 West 49th Street, Suite 105
CITY-ST-ZIP	Hialeah, FL 33012
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1840 West 49th Street, Suite 105
CITY-ST-ZIP	Hialeah, FL 33012
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1840 West 49th Street, Suite 105
CITY-ST-ZIP	Hialeah, FL 33012
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jacqueline B. Reiser, Jacqueline B. Reiser, Pres 2/1/00 954-384-2853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)