

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90024 034 \*\*\*550.00

**DOCUMENT # J76670**

**1. Entity Name**  
**PROFESSIONAL PLAZA, INC.**

**Principal Place of Business**  
201 SW PORT ST LUCIE BLVD  
206  
PORT ST LUCIE FL 34984  
US

**Mailing Address**  
10504 SOUTH US 1  
SUITE 206  
PORT ST LUCIE FL 34952  
US

**2. Principal Place of Business**  
7705 WEXFORD WAY

**3. Mailing Address**  
7705 WEXFORD WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
PORT ST. LUCIE, FL

**City & State**  
PORT ST. LUCIE, FL

**4. FEI Number** 52-1520128

**Applied For**  
☐ Not Applicable

**Zip**  
34986

**Country**  
USA

**Zip**  
34986

**Country**  
USA

**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**

PARUPIA, ARIF  
599 NW SHARPE ST  
PORT ST LUCIE FL 34983

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** ARIF PARUPIA

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

(NOTE: Registered Agent's signature required when reinstating)

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PTD ☐ Delete  
**NAME** PARUPIA, ARIF  
**STREET ADDRESS** 2014 SE ELMHURST RD  
**CITY-ST-ZIP** PORT ST LUCIE FL

**TITLE** PTD ☒ Change ☐ Addition  
**NAME** ARIF PARUPIA  
**STREET ADDRESS** 7705 WEXFORD WAY  
**CITY-ST-ZIP** PORT ST. LUCIE, FL 34986

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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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** ARIF PARUPIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/02

Date

Daytime Phone #

CR2E034 (4/02)