

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90036 044 ***150.00

DOCUMENT # K01336

1. Entity Name
PROFESSIONAL MANAGEMENT & INVESTMENT CORP.

Principal Place of Business 9340 S.W. 37TH STREET P.O. BOX 65-0211 MIAMI FL 33265-7211	Mailing Address 9340 S.W. 37TH STREET P.O. BOX 65-0211 MIAMI FL 33265-7211
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0012487**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POU, ANDRES
9413 S.W. 21 TERR
MIAMI FL 33165

Name **POU, ANDRES**
 Street Address (P.O. Box Number is Not Acceptable)
333 FLUVIA
 City **CORAL GABLES** FL Zip Code **33143**

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)

02/19/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **POU, ANDRES**
 STREET ADDRESS **9413 SW 21 TERR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **333 FLUVIA**
 STREET ADDRESS **CORAL GABLES, FL**
 CITY-ST-ZIP **33143**

TITLE **DST** ☐ Delete
 NAME **POU, AIMEE**
 STREET ADDRESS **9413 SW 21 TERR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME **333 FLUVIA**
 STREET ADDRESS **CORAL GABLES, FL**
 CITY-ST-ZIP **33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/02
 Day

305-582-9308
 Daytime Phone #

CR2E034 (9/01)