

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90013 025 ***150.00

0127669

DOCUMENT # K52699			
1. Entity Name PROFESSIONAL G.C., INC.			
Principal Place of Business % ROSANNE ELAKMAN 2789 N.E. 24TH ST. LIGHTHOUSE POINT FL 33064		Mailing Address % ROSANNE ELAKMAN 2789 N.E. 24TH ST. LIGHTHOUSE POINT FL 33064	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ELAKMAN, ROSANNE 2789 N.E. 24TH ST. LIGHTHOUSE POINT FL 33064		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELAKMAN, HOWARD 2789 N.E. 24TH ST. LIGHTHOUSE PT. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELAKMAN, ROSANNE 2789 N.E. 24TH ST. LIGHTHOUSE PT. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Rosanne Elakman</i> ROSANNE ELAKMAN		Date 1-10-01 Daytime Phone # 954-782-2237	

00005625



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0089478** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)