

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59550

1. Entity Name

P.S.P.F. DEVELOPMENT, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90982 028 ***150.00

Principal Place of Business

Mailing Address

JOSE A. PEREZ

JOSE A. PEREZ

329 E. 9TH ST. STE 201

329 E. 9TH ST. STE 201

FL 33010-4285

HIALEAH FL 33010-4215

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

65-0096150

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

PEREZ, JOSE A.

329 E. 9TH ST

SUITE 201

HIALEAH FL

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

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 ☐ Delete

NAME SANTOYO, JULIO

STREET ADDRESS 11400 W. FLAGLER ST #202

CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete

NAME DI GIORGIO, PASQUALE

STREET ADDRESS 3421 SW 117 AVE

CITY-ST-ZIP DAVIE FL

TITLE SD ☐ Delete

NAME FONTICELLO, ARMANDO

STREET ADDRESS 11400 W. FLAGLER ST #202

CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Delete

NAME PEREZ, JOSE A.

STREET ADDRESS 329 E. 9TH ST, STE 201

CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)