

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90020 035 ***150.00

0110373

DOCUMENT # L09897

1. Entity Name

TOTAL PROFESSIONAL SERVICES, INC.

Principal Place of Business

7711 NW 15 CT
 PEMBROKE PINES FL 33024
 US

Mailing Address

7711 NW 15 CT
 PEMBROKE PINES FL 33024
 US

2. Principal Place of Business

3. Mailing Address

4905W 63 Ave

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plantation FL

Zip

Country

Zip

Country

33317

USA

6. Name and Address of Current Registered Agent

4. FEI Number 59-2038181

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



GOTFRAIND, CAROL
 12261 NW 15 ST
 PEMBROKE PINES FL 33026

Name

Kipp Gotfraind

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

490 5W 63 Ave

City

Plantation

FL

Zip Code

33317

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]

4-23-01

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, 2001 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
 NAME GOTFRAIND, CAROL ☒ Delete
 STREET ADDRESS 6925 JOHNSON ST.
 CITY-ST-ZIP HOLLYWOOD FL 33026

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

TITLE V
 NAME GOTFRAIND, KIPP
 STREET ADDRESS 7711 NW 15 COURT
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE PD ☒ Change ☐ Addition
 NAME Kipp Gotfraind
 STREET ADDRESS 490 5W 63 Ave
 CITY-ST-ZIP Plantation FL 33317

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)