2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # L60003** 1. Entity Name PURCHASING SERVICES GROUP, INC. 01-30-2001 90224 032 ***158.75 Principal Place of Business Mailing Address 6995 N.W. 46TH ST. 6995 N.W. 46TH ST. MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0180875 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Elizabeth G. Valladares VALLADARES, MARIO R. Street Address (P.O. Box Number is Not Acceptable) 251 N. W. 97 AVE. PLANTATION FL 33324 6995 N.W. 46th Street Zip Code Miami 3.3.1.6.6. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITI F ☐ Change ☐ Addition NAME VALLADARES, MARIO R NAME STREET ADDRESS 251 N. W. 97 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Delete TITLE Change ☐ Addition President/Sec./Dir. Elizabeth G. Valladares NAME VALLADARES, ELIZABETH G NAME STREET ADDRESS STREET ADDRESS 251 N. W. 97 AVE. 6995 N.W. 46th Street, Miami Fl. 33166 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

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