

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 012 ***150.00

DOCUMENT # L66810

1. Entity Name
PROPERTY SALES AND INVESTMENTS, INC.



Principal Place of Business
11900 BISCAYNE BLVD.
SUITE 104
NORTH MIAMI, FL 33181

Mailing Address
11900 BISCAYNE BLVD.
SUITE 104
NORTH MIAMI, FL 33181

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0261244** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
FREDEL, SUSAN
11900 BISCAYNE BLVD
SUITE 104
N MIAMI, FL 33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FREDEL, SUSAN 11900 BISCAYNE BLVD. NORTH MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **5-12-03** DAYTIME PHONE # _____

CR2034 (10/02)



Attachment

90134989

L66810

5-12-03

To Whom It May Concern,

I called the state today to make sure that our form (annual) was submitted. I was advised that it was not.

Please accept this check and form as I am overwhelmed at this time with my assistant out on medical leave & I myself preparing for major surgery.

Please call me if you have any questions.

A handwritten signature in black ink, appearing to read "Susan Fredel", with a stylized, flowing script.

SUSAN FREDER
Property Sales & Investments
INC