

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L73299

1. Entity Name

PROFILE EAST, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90078 047 ***150.00

Principal Place of Business
4152 W. BLUE HERON BLVD
119
RIVIERA BEACH FL 33404
US

Mailing Address
4152 W. BLUE HERON BLVD
119
RIVIERA BEACH FL 32809-6975
US

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

3. Mailing Address
4405 Vineland Rd, Suite C-11
City & State
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0230200
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ZERFAS, DAVID C
4152 W BLUE HERON BLVD 119
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent
Name: ZERFAS, David C.
Street Address (P.O. Box Number is Not Acceptable): 4405 Vineland Rd.
Suite C-11
City: Orlando FL Zip Code: 32811

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	ZERFAS, DEBRA	4152 W BLUE HERON BLVD #119	RIVIERA BEACH FL 33404	<input type="checkbox"/>
P	ZERFAS, DAVID C	4152 W BLUE HERON BLVD #119	RIVIERA BCH FL 33404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4405 Vineland Rd, Suite C-11	Orlando, FL 32811	<input checked="" type="checkbox"/>
		4405 Vineland Rd, Suite C-11	Orlando, FL 32811	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

DEBRA L. ZERFAS

4/30/00

407-299-9997

Date

Daytime Phone #

CR2E034 (9/99)