2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

	FORM BU			100.	-,	AND FILE			
DOCUMENT 1. Entity Name	# MOC	00000	1716				-		,
PSA FLORIDA, LL	С	•				01 APR 27 F	H 1: 30		
				الميلا المستطورة		esepstary (F STATE		
Principal Place of Busines	s	Mailing	Address			SECRETARY (, FLORIDA		
701 WESTERN AVENUE. SUITE 200 701 WESTERN AVENUE. SUIT			SUITE 200		•				
GLENDALE CA 91201		GLEND	ALE CA 91201						
	•								
2. Principal Place of Busin	ness	3. Mailir	ng Address						1010 1 111 1001
Suite, Apt. #, etc.		Suite,	, Apt. #, etc.			DO NOT WE	ITE IN THIS SPACE	E	
City & State		City 8	3 State		A FFI	Number _ /-		I Apr	olied For
City & State		Onyo	, otale		4.12	95-481	9091		Applicable
Zip	Country	Zip		Country	5. Cert	tificate of Status Desired		00 Addi Required	
6. Name	and Address of Cu	rrent Registered	Agent		7. Nan	ne and Address of New		· ·	
				Name			•		
CORPORATION SER			. •		ddress (P.O. Box I	Number is Not Acceptab	e)		
1201 HAYS STREET TALLAHASSEE FL 32							<u> </u>		
TALLAHASSEE PL S	200 1-2020			City			FL Z	ip Code	
									
8. The above named entit	y submits this statem	ent for the purpo	se of changing its	registerea office or	registered agent,	or both, in the State of h	ioriua.		
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SIGNATURE							OAT		<u></u>
SIGNATURE	or printed name of registered	d agent and title if applic	cable. (NOTE	Registered Agent signatu		iting)	OATE		
SIGNATURE Signature, typed	or printed name of registered		FILE NO	Registered Agent signatu	re required when reinsta	titing)	DATE		
SIGNATURE Signature, typed	or printed name of registered		FILE NO	: Registered Agent signatu	re required when reinsta	ting)	CATE		
SIGNATURE Signature, typed			FILE NO Make Check Pa	Registered Agent signatu	re required when reinsta		S/CHANGES		
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