

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90371 038 ***150.00

DOCUMENT # M46419

1. Entity Name
PROFESSIONAL SERVICE SYSTEMS, INC.

| | |
|---------------------------------------------|---------------------------------------------|
| Principal Place of Business | Mailing Address |
| 1032 NE 78 RD #1 MIAMI FL 33138 US | 1032 NE 78 RD #1 MIAMI FL 33138 US |

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2784197**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAFETZ, EILEEN
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Name **DONALD TROISE**

Street Address (P.O. Box Number is Not Acceptable) **1032 NE 78 RD #1**

City **Miami FL** Zip Code **33138**

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, 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 | PT | <input type="checkbox"/> Delete |
| NAME | TROISE, DONALD | |
| STREET ADDRESS | 1032 NE 78 RD #1 | |
| CITY-ST-ZIP | MIAMI FL 33138 | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BORG, SHIRLEY | |
| STREET ADDRESS | 1032 NE 78 RD | |
| CITY-ST-ZIP | MIAMI FL 33138 | |

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|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Delete |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD TROISE

Date

Daytime Phone #

CR2E034 (10/00)