

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90071 030 ****61.25

DOCUMENT # N33448

1. Corporation Name

PROFESSIONAL SECRETARY AND BUSINESS TECHNOLOGY C
ORP.

Principal Place of Business

2750 S 68 ST
STE 228
HIALEAH FL 33016
US

Mailing Address

2750 W 68 ST
STE 228
HIALEAH FL 33016
US



2. Principal Place of Business

21 1490 W 49 PL

2a. Mailing Address

26 1490 W 49 PL

Suite, Apt. #, etc.

22 498

Suite, Apt. #, etc.

27 498

City & State

23 HIALEAH FL

City & State

28 HIALEAH FL

Zip

24 33012

Country

25 USA

Zip

29 33012

Country

30 USA

3. Date Incorporated or Qualified

07/26/1989

4. FEI Number

65-0136749

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

SUAREZ, S.

82 Street Address (P.O. Box Number is Not Acceptable)

1490 W 49 PL

83

SUITE 498

84

City HIALEAH

FL

85 Zip Code
33012

9. Name and Address of Current Registered Agent

SUAREZ, S
2750 W 8 ST
STE 228
HIALEAH FL 33016

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

S. Suarez

3/23/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD
MARRERO, ROSA
1821 SW 118 AVE.
MIRAMAR FL

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VPD
SUAREZ, S
2750 W 68 ST, STE 228

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

TD
SCHOP, ZOBEIDA
2750 W 68 STE 228

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VPD
SUAREZ, S
2750 W 68 ST, STE 228

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VPD
SUAREZ, S
2750 W 68 ST, STE 228

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VPD
SUAREZ, S
2750 W 68 ST, STE 228

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Suarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 (305) 558-5732
Date Daytime Phone #

CR2E037 (11/98)