2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # **N33448** May 12, 2000 8:00 am Secretary of State 1. Entity Name PROFESSIONAL SECRETARY AND BUSINESS TECHNOLOGY C 03-08-2000 90048 004 ****61.25 Principal Place of Business Mailing Address 1490 W 49 PL 1490 W 49 PL HIAVEAH FL 33012-3148 HIALEAH FL 33042 3. Mailing Address Sw 1/8 A We 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0136749 MILAN Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARRERO Street Address (P.O. Box Number is Not Acceptable) SUAREZ, S 1490 W 49 PL 1821 500 118 AVE HALEAH FL 33012 Lesign 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD VPD ODALYS FLEITES Change TITLE Delete TITLE NAME MARRERO, ROSA NAME 8912 NW 1485T CYREET ANDRESS 1821 SW 118 AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL きょっこん Change Addition vpd TITLE TITLE CYNTHIA MATOS SUAREZ, S NAME NAME STREET ADDRESS STREET ADDRESS 1821 SW/18Are 2750 W 68 ST, STE 228 MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 TITLE ☐ Change ☐ Addition TITLE NAME HERNANDEZ, RUTH M NAME 1490 W 49 PL., #498 STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP HIALEAH FL 33012 Delete TITLE TELLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 617, 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. 2/28/00 (984) 441-0020 Date Deyrma Phone # YALOMAUDE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR