

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 08:00 AM
Secretary of State

DOCUMENT # N98000006105

1. Entity Name

PROFESSIONAL SPECIALISTS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

21301 POWERLINE RD.,STE.201

21301 POWERLINE RD.,STE.201

BOCA RATON
33433

FL

BOCA RATON
33433

FL

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

31-1646352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH JOHN CESQ.
4800 N. FEDERAL HWY.,STE.A-207

BOCA RATON
33431

US

FL

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating.)

02/07/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JAKAB IRENE
STREET ADDRESS 74 LAWTON STR.
CITY-ST-ZIP BROOKLINE MA 02146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMS KEITH
STREET ADDRESS HERSHEY MEDICAL CENTER,BLDG. NUMBER H094
CITY-ST-ZIP HERSHEY PA 17033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MITTELSTADT PATRICIA
STREET ADDRESS CHILDREN
CITY-ST-ZIP PALO ALTO CA 94304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WASSERMAN THEODORE
STREET ADDRESS 21301 POWERLINE RD.,STE.201
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FRANKLIN RONALD
STREET ADDRESS 21301 POWERLINE RD.,STE.201
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.