

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90235 026 \*\*\*150.00

DOCUMENT # P00000030692

1. Entity Name  
FLORIDA PROFESSIONAL SCHOOL SERVICES, INC.



Principal Place of Business  
2450 SW 137TH AVENUE STE 205  
MIAMI FL 33175

Mailing Address  
2450 SW 137TH AVENUE STE 205  
MIAMI FL 33175

2. Principal Place of Business

2772 S.W. 137 Ave

3. Mailing Address

2772 S.W. 137 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number 65-0994824

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MIGUEL A  
2450 SW 137TH AVENUE STE 205  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name Fernandez, Miguel A.

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

2772 S.W. 137 Ave

City

Miami

FL

Zip Code

33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

CE# 2065

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME FERNANDEZ, MIGUEL A  
STREET ADDRESS 14862 SW 32 LANE  
CITY-ST-ZIP MIAMI FL 33185

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS  
NAME FERNANDEZ, DAIMA  
STREET ADDRESS 14862 SW 32 LANE  
CITY-ST-ZIP MIAMI FL 33185

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/00/03 305-726-7287

Date

Daytime Phone #

CR2E034 (10/02)