

2001 UNIFORM BUSINESS REPORT (UBR)

0233718

DOCUMENT # P00000032121

1. Entity Name

PROFESSIONAL BUSINESS CONTROL CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 1:56

Principal Place of Business

5121 SOUTH WEST 149TH PLACE
MIAMI FL 33185

Mailing Address

5121 SOUTH WEST 149TH PLACE
MIAMI FL 33185

2. Principal Place of Business

2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, Florida

Zip
33145

Country
US

3. Mailing Address

2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, Florida

Zip
33145

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1011510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRIAL, JOSSUE

5121 SOUTH WEST 149TH PLACE
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name

FLORIDA ANNUAL REPORT SERVICES INC.

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

2300 Coral Way

Suite # 200

City

Miami

FL

Zip Code
33145

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.

AMADA CANTERA LOPEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/01

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

TITLE PD ☐ Delete
NAME BARRIAL, JOSSUE
STREET ADDRESS 5121 SOUTH WEST 149TH PLACE
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300004103973-3
STREET ADDRESS -05/01/01-01113-002
CITY-ST-ZIP ****150.00 ****150.00

TITLE ☐ Change ☒ Addition
NAME PEREZ, JUAN
STREET ADDRESS 144 N.W. 30 Street
CITY-ST-ZIP Miami, FL 33127

TITLE ☐ Change ☒ Addition
NAME AS
STREET ADDRESS BELTRAN, EVELYN
CITY-ST-ZIP 9545 S.W. 42 Street
Miami, FL 33165

TITLE ☐ Change ☒ Addition
NAME ST
STREET ADDRESS HUEZO, ANGEL
CITY-ST-ZIP 15450 S.W. 75 Circle Lane Apt#102
Miami, FL 33193

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

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (10/00)