## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 27, 2001 8:00 am Secretary of State DOCUMENT # P0000032375 1. Entity Name PROFESSIONAL SERVICES OF S.E. FLORIDA INC. 01-27-2001 90061 016 \*\*\*158.75 Principal Place of Business Mailing Address 224 DATURA STREET #417 224 DATURA STREET #417 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 טטטטטס 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65.099814 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 回 ee.Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CEORGE E MURRAY GROSS, MERCEDES CUBAS Street Address (P.O. Box Number is Not Acceptable) 224 DATURA STREET # 447 3025 RIDGEWAY AVENUE WEST PALM BEACH FL 33405 Zip Code WAST PALM BEACH 8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida GEORGE FILE NOW!!! FEE \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE RS - DIRECTON Schange 👿 Delete TITLE CASTRO, JUAN A SR NAME NAME STREET ADDRESS 224 DATURA STREET #417 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GROSS, MERCEDES CUBAS NAME NAME 3025 RIDGEWAY AVENUE ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP TITLE Change ☐ Addition CASTRO, JUAN A JR NAME NAME STREET ADDRESS 224 DATURA STREET #417 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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