## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

## Feb 05, 2002 8:00 am Secretary of State DOCUMENT # P00000036515 1. Entity Name PROFESSIONAL READING & INTERPRETATION, INC. 02-05-2002 90052 046 \*\*\*150.00 Principal Place of Business Mailing Address 7805 SW 24TH STREET 7805 SW 24TH STREET #121 #121 MIAM! FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1014586 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEL CASTILLO, MARLENE L Street Address (P.O. Box Number is Not Acceptable) 7805 SW 24TH STREET #121 **MIAMI FL 33155** Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEL CASTILLO, MARLENE L NAME NAME 7805 SW 24TH STREET #121 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supp s 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 supplement of the corporation or the receiver or tru ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director eyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

01-18-0→ .

Daytime Phone