

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91324 013 ***150.00

DOCUMENT # PO00000412802
1. Entity Name PROFESSIONAL TRANSLATIONS
TRADUCCIONES PROFESIONALES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 ST. CHARLES PL.
Suite, Apt. #, etc. 803

3. Mailing Address
1000 ST. CHARLES PL.
Suite, Apt. #, etc. 803

DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES, FL. City & State PEMBROKE PINES FL. 4. FEI Number 65-1024452-210612 Applied For
Zip 33026 Country USA Zip 33026 Country USA 5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DANIEL ROBITSCHKE
Street Address (P.O. Box Number is Not Acceptable)
1000 ST. CHARLES PL.
APT 803
City PEMBROKE PINES FL Zip Code 33026

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] SIGNATURE IN ERROR
AGENT IS THE SAME AS BEFORE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT / SECRETARY / TREASURER</u> <u>DANIEL ROBITSCHKE</u> <u>1000 ST. CHARLES PL #803</u> <u>PEMBROKE PINES FL 33026</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

954-557-4792

Daytime Phone #

CR2E034B (12/01)