

2001 UNIFORM BUSINESS REPORT (UBR)

4/5/

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-05-2001 90071 014 ***150.00

DOCUMENT # P00000048529

1. Entity Name

PROFESSIONAL LEASING SERVICES, INC.

Principal Place of Business

Mailing Address

2834 UNIVERSITY DR.
CORAL SPRINGS FL 33065

2834 UNIVERSITY DR.
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1005607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLANDER, MARK J
9700 SOUTH DIXIE HWY, STE. 900
MIAMI FL 33156

Name

Ivan Hoser

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

2834 University Drive

City

Coral Springs

FL

Zip Code

33065

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]

IVAN HOSER

4/2/01

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HOSER, IVAN
2834 UNIVERSITY DR.
CORAL SPRINGS FL 33065 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP
SD
RAVDIN, BRUCE
2834 UNIVERSITY DR.
CORAL SPRINGS FL 33065 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

IVAN HOSER

4/2/01

Date

954.755.9112

Daytime Phone #

CR2E034 (10/00)