

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90004 024 ***150.00

0144512 AV

DOCUMENT # P00000055276

1. Entity Name

PROFESSIONAL SERVICES SUPPLIES, INC.

Principal Place of Business

Mailing Address

7990 WEST 34TH LANE
 UNIT 102-41
 HIALEAH FL 33018

7990 WEST 34TH LANE
 UNIT 102-41
 HIALEAH FL 33018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1840 W 49 STR

1840 W 49 STR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

714

714

City & State
 Hialeah FL

City & State
 Hialeah FL

Zip
 33012

Country
 Dade

Zip
 33012

Country
 Dade

4. FEI Number 65-1014444

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

VALDES, MEILIN P
 7990 WEST 34TH LANE
 UNIT 102-41
 HIALEAH FL 33018

Name

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

City

FL

Zip Code

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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
 PSTD
 VALDES, MEILIN P
 7990 WEST 34TH LANE
 HIALEAH FL 33018 ☐ Delete

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

TITLE
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☐ 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:

Meilin P. Valdes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02

Date

(305) 825-3936

Daytime Phone #

CP2F034 (9/01)