

2002 UNIFORM BUSINESS REPORT (UBR)

0217883 AV

DOCUMENT # P00000073873

1. Entity Name
LOS ANGELES PROFESSIONAL SERVICES CORP.

FILED

02 JAN 14 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1420 W. FLAGLER ST
MIAMI FL 33135

Mailing Address
1420 W. FLAGLER ST
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0690153

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FARKAS, MARIA A
1420 W. FLAGLER ST
MIAMI FL 33135

Name JUAN CARLOS ORDONEZ
Street Address (P.O. Box Number is Not Acceptable)
1420 W. Flagler ST
City Miami FL Zip Code 33135

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 Maria A. Farkas

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/02.

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 PSD
NAME FARKAS, MARIA A
STREET ADDRESS 1420 W. FLAGLER ST
CITY-ST-ZIP MIAMI FL 33135 ☒ Delete

TITLE PS
NAME JUAN CARLOS ORDONEZ
STREET ADDRESS 1420 W. FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 33135 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME 100004785151-3
STREET ADDRESS -01/18/02--01068--005
CITY-ST-ZIP *****158.75 *****158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02 (305) 643-9100

Date

Daytime Phone #

CR2E034 (9/01)