

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081724

1. Entity Name

PROFESSIONAL DISPATCH SERVICES, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90139 020 ***150.00

Principal Place of Business Mailing Address
8975 SW 75TH ST 8975 SW 75TH ST
MIAMI FL 33173 MIAMI FL 33173

2. Principal Place of Business 3. Mailing Address
8975 SW 75 ST 8975 SW 75 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State FL City & State FL
Miami Miami
Zip 33173 Country USA Zip 33173 Country USA

4. FEI Number 65-1036788 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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
MENDEZ, JORGE A
8975 SW 75TH ST
MIAMI FL 33173

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENDEZ, JORGE A		NAME		
STREET ADDRESS	8975 SW 75TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Jorge Mendez Jan 12/2001 786-265-7061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02162399

CR2E034 (10/00)