

2002 UNIFORM BUSINESS REPORT (UBR)

AV 5755-70

DOCUMENT # P01000071299
 1. Entity Name
BUSINESS & PROFESSIONAL SERVICES, INC.

FILED
 02-JAN 16 AM 9:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5203 SW 71 PLACE 5203 SW 71 PLACE
MIAMI FL 33155 MIAMI FL 33155

2. Principal Place of Business 3. Mailing Address
2601 South Bayshore Drive 2601 South Bayshore Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1102 Suite 1102

City & State City & State
Miami, Florida Miami, Florida 33133

4. FEI Number Applied For
65-1122948 Not Applicable

Zip Country Zip Country
33133 USA 33133 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **Philip Guerra**
 Street Address (P.O. Box Number is Not Acceptable)
c/o Adorno & Zeder, P.A.
2601 South Bayshore Drive, Suite 1600
 City **Miami** FL Zip Code **33133**

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 *Philip Guerra*, Philip Guerra DATE **1/14/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, PHILIP 5203 SW 71 PLACE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP,T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200004795642--8 -01/25/02--01020--004 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Adorno, Henry N. 2601 South Bayshore Drive, Suite 1600 Miami, Florida 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP,S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Yoss, George T. 2601 South Bayshore Drive, Suite 1600 Miami, Florida 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Philip Guerra*, Philip Guerra, Vice President DATE **1/14/02** (305) 860-7015
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/01)