

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90412 047 ***150.00

DOCUMENT # **P 01 000074653** ✓
1. Entity Name
Professional Services Express, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8050 NW 8 ST #201

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33126

Country

Zip

Country

4. FEI Number
65-1126862

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Raul O. Vasquez**

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

8050 NW 8th Street, #201

City **Miami**

FL

Zip Code
33126

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PTSD**
NAME **Raul O. Vasquez**
STREET ADDRESS **8050 NW 8th Street, #201**
CITY-ST-ZIP **Miami FL 33126**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/03/2002

Date

786-251-2726

Daytime Phone #

CR2E034B (12/01)