

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

DOCUMENT # P01000089717

1. Entity Name

PROFESSIONAL SALES FORCE, INC.



FILED

03 APR -8 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3107 W. Hallendale Tech Blvd.

3. Mailing Address

SAME

Suite, Apt. #, etc.

101-B

Suite, Apt. #, etc.

City & State

PEMBROKE PARK, FL.

City & State

Zip

33009

Country

U.S.A.

Zip

Country

4. FEI Number

593744272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Yaniv AMAR

Street Address (P.O. Box Number is not acceptable)

3475 N.E. 191st St.

T.H. #10

City

AVENTURA

FL

Zip Code

33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

YANIV AMAR

OFFICER

03/03/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OFFICER
YANIV AMAR
3475 N.E. 191st St. #10
Aventura, FL. 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600012236056
04/08/03--01081--001 **115.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP
600012236056
02/18/03--01056--006 **35.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

YANIV AMAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/03

Date

(954) 963-4884

Daytime Phone #

CR2E034B (12/02)