

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90669 049 ***150.00

0110479 AV

DOCUMENT # P01000101457

1. Entity Name

P&S PROPERTY FINANCIAL, INC

Principal Place of Business

**9753 S ORANGE BLOSSOM TRAIL, SUITE 202
 ORLANDO FL 32837**

Mailing Address

**9753 S ORANGE BLOSSOM TRAIL, SUITE 202
 ORLANDO FL 32837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9753 S. ORANGE BLOSSOM TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

Orlando FLORIDA

City & State

4. FEI Number

593738029

Applied For

Not Applicable

Zip

32837

Country

ORANGE

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

PARADAS, JUAN

9753 S ORANGE BLOSSOM TRAIL, SUITE 202

ORLANDO FL 32837

Name

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

City

FL

Zip Code

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) ☐

**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** ☐ Delete
 NAME **PARADAS, JUAN**
 STREET ADDRESS **9753 S ORANGE BLOSSOM TRAIL, SUITE 202**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **VTD** ☐ Delete
 NAME **RAMOS, SUSANA**
 STREET ADDRESS **9753 S ORANGE BLOSSOM TRAIL, SUITE 202**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

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 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 PRESIDENT.

**4-23-02 407
 751-0669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)