

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90134 049 ***150.00

DOCUMENT # P02000010174



1. Entity Name
TRANSLATIONS & INTERPRETATIONS PROFESSIONAL SERVICES, INC.

Principal Place of Business
**2655 COLLINS AVENUE
SUITE 608
MIAMI BEACH FL 33140**

Mailing Address
**2655 COLLINS AVENUE
SUITE 608
MIAMI BEACH FL 33140**



2. Principal Place of Business

**2699 COLLINS AVE
STE 139**

3. Mailing Address

**2699 COLLINS AVE
STE 139**

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number
03-0384590

Applied For
☐ Not Applicable

Zip
33140

Country

Zip
33140

Country

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

6. Name and Address of Current Registered Agent

**BOSCH, JOYCE
2655 COLLINS AVENUE
SUITE 608
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BOSCH, JOYCE
2655 COLLINS AVENUE SUITE 608
MIAMI BEACH FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 534-7466

CR2E034 (10/02)