

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90386 047 ***150.00

DOCUMENT # P02000048501

1. Entity Name

OK PROFESSIONAL SERVICE CORPORATION



DO NOT WRITE IN THIS SPACE

11039154

2. Principal Place of Business
970 COTTON BAY DRIVE EAST

3. Mailing Address
970 COTTON BAY DRIVE EAST

Suite, Apt. #, etc.
#1808

Suite, Apt. #, etc.
#1808

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FLORIDA

City & State
WEST PALM BEACH, FLORIDA

4. FEI Number
75-3056788

Applied For
Not Applicable

Zip
33406

Country
PALM BEACH

Zip
33406

Country
PALM BEACH

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
BUENO, MARITZA

Street Address (P.O. Box Number is Not Acceptable)
970 COTTON BAY DRIVE EAST #1808

City
WEST PALM BEACH

FL

Zip Code
33406

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

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
PST
BUENO, MARITZA
970 Cotton Bay Drive E #1808
West Palm Beach, FL 33406

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Maritza Bueno/President

04/25/2003

(561) 686-5375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)