## 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



				455.41					
DO NOT WRITE IN THIS SPACE				11039154					
2. Principal Place of Business 970 COTTON BAY DRIVE EAST 970 COTTON BAY DRIVE EAST		T							
#1808	Suite, Apt. #, etc. Suite. Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State WEST PA	LM BEACH, FLORIDA	City & State WEST PALM BEACH, FLORIDA			i	4. FEI Number         Applied For           75-3056788         Not Applicable			
Zip 33406	Country PALM BEACH	Zip 33406	Country PALM BEACH		H 5. (	Certificate of Status Desired		5 Additional Required	
	7. Name and Address							nt .	
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	DO NOT W IN THIS SE			Street Ac	dress (P.O. B 970 CC	ox Number is Not Acceptable) TTON BAY DRI	/E EAST	#1808	
				City	יי סאדאי	DEACH	FL Z	io 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.									
GNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regia)	ered Agent signatu	e rednited when re	instating)	DATE		
(i)	nuary 1 - May 1 Fee Is \$150:00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Payable to Florida Department of	State		•		Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	<del></del>	(-)	and the state of	and the same of	TOTAL BURNESS OF STREET	21-11-15	The Thirty	
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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-end 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 truster employed dip 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 sorting the second of the corporation or the receiver or truster employed 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 sorting the second of the corporation of the corporation or the receiver or truster employed the corporation of the corporation or the receiver or truster employed 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 sorting the corporation of the corporation or the receiver or truster employed 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 sorting the corporation of the corporatio									
SIGNATURE: Maritza Bueno/President 04/25/2003 (561) 686-5375						36-5375			
J. J. 177.	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNA	IG OFFICER OR DIRI	ECTOR		Date	Daytime P	hone #	