

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90231 030 ***150.00

DOCUMENT # P02000076514

1. Entity Name
PROFESSIONAL EDUCATION CENTER INC



10

Principal Place of Business
5100 W. FLAGLER ST
APT. 103
MIAMI FL 33134

Mailing Address
5100 W. FLAGLER ST
APT. 103
MIAMI FL 33134

2. Principal Place of Business
3990 W Flagler st

3. Mailing Address
5100 W Flagler st

Suite, Apt. #, etc.
500

Suite, Apt. #, etc.
103

City & State
Miami FL

City & State
Miami FL

Zip
33134

Country

Zip
33134

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

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

MANRESA, MIQUEL
5100 W. FLAGLER ST
APT. 103
MIAMI FL 33134

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 *Miguel Manresa President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-18-53

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 **PVS** ☐ Delete
NAME **MANRESA, MIGUEL**
STREET ADDRESS **5100 W. FLAGLER ST APT. 103**
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 empowered.

SIGNATURE: *Miguel Manresa President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-53 786-5563252

CR2E034 (10/02)