

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90360 041 ***158.75

DOCUMENT # P02000095161

1. Entity Name
PERFORMANCE RESOURCES ASSOCIATES, INC.



Principal Place of Business
**1172 S. DIXIE HIGHWAY #145
CORAL GABLES, FL 33146**

Mailing Address
**1172 S. DIXIE HIGHWAY #145
CORAL GABLES, FL 33146**

2. Principal Place of Business

1050 SPRING GARDEN RD
Suite, Apt. #, etc.

3. Mailing Address

1050 SPRING GARDEN RD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

06-1659955

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

Zip

33136

Country

USA

Zip

33136

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAYOSO, GONZALO A
1050 SPRING GARDEN ROAD
MIAMI, FL 33136**

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 existing)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SIMS, TIMOTHY J
1172 S. DIXIE HIGHWAY #145
CORAL GABLES, FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Sims

4/30/03

Date

Daytime Phone #

CR2E034 (10/02)