

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000116473

1. Entity Name  
P.S.A. GROUP, INC.



**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90312 001 \*\*\*\*\*8.75  
07-28-2003 90312 002 \*\*\*550.00

0199335 AV

Principal Place of Business  
1900 NW 90TH LANE  
CORAL SPRINGS FL 33065

Mailing Address  
1900 NW 90TH LANE  
CORAL SPRINGS FL 33065

33034043



2. Principal Place of Business  
1937 E ATLANTIC #3  
Suite, Apt. #, etc.  
POMPANO BEACH FL  
City & State  
33060  
Zip  
Country  
BROWARD

3. Mailing Address  
1937 E ATLANTIC #3  
Suite, Apt. #, etc.  
POMPANO BEACH FL  
City & State  
33060  
Zip  
Country  
BROWARD

☒ 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

AZEVEDO, REGINALDO  
1900 NW 90TH LANE  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name  
DAVID PINTO  
Street Address (P.O. Box Number is Not Acceptable)

0993 NW 82 AV  
City  
CORAL SPRINGS FL Zip Code 33071

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 DATE 6-30-3.

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AZEVEDO, REGINALDO	
STREET ADDRESS	1900 NW 90TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINTO, DAVID	
STREET ADDRESS	1900 NW 90TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-3.  
Date Daytime Phone #

CR2E034 (10/02)