

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91788 044 \*\*\*150.00

0003850 AT

**DOCUMENT # P02000125616**

1. Entity Name

LUIS SAENZ P.T. SERVICES, INC.



Principal Place of Business

1400 SOUTH OCEAN DRIVE APT. #1206  
HOLLYWOOD FL 33019

Mailing Address

1400 SOUTH OCEAN DRIVE APT. #1206  
HOLLYWOOD FL 33019

2. Principal Place of Business

7100 W. 20<sup>TH</sup> AVE

3. Mailing Address

Suite, Apt. #, etc.

706

City & State

HIALEAH FL

Zip

33016

Country

USA

Zip

Country

Country

Country

4. FEI Number

13-4227979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SAENZ, LUIS

1400 SOUTH OCEAN DRIVE APT. #1206  
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

LUIS SAENZ

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

7100 W. 20<sup>TH</sup> AVE

City

HIALEAH

FL

Zip Code

33016

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/03

**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 DP  
NAME SAENZ, LUIS  
STREET ADDRESS 1400 SOUTH OCEAN DRIVE APT. #1206  
CITY-ST-ZIP HOLLYWOOD FL 33019

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

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NAME  
STREET ADDRESS  
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:

*Luis Saenz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

Date

Daytime Phone #

CR2E034 (10/02)