2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P92000013548

1. Entity Name

PLANVEST FINANCIAL SERVICES INC



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90234 004 ***150.00

	COT FINANCIAL SER	IVICES, INC.)				
Principal Place of Business 12850 SW 64 CT MIAMI FL 33156		128	ling Address 350 SW 64 CT AMI FL 33156		WE					
2. Principal	Place of Business	3 M	alling Address	-						
	L STATE OF BUSINESS		3. Mailing Address				MI 11M 3R41M 13M41 MM411 M	DATE MOTES DESI	1 LYDDO INIOL O	
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES				
City & Sta	City & State					4. FEI Number 65-0376842 Applied For				
Zip	Country	Zip	0	Count	ry	5. Certificate	of Status Desired		\$8.75	Not Applicable
	6. Name and Address	of Current Register	red Agent _		· · · · · · · · · · · · · · · · · · ·		Address of New F	_	Fee Requ	ired
DAY PD					Name	-1. Manie and	Address of New F	legistered	Agent	
DAY, BR	ITAN P. W 64 CT			F	Street Address /	PO Boy Numbo	r is Not Acceptable			
MIAMI FL	= :			-			- Not Acceptable	·)		_
	L 00100			L						
				[City			FL	Zip Co	
8. The above	e named entity submits this sations of registered agent.	statement for the purp	pose of changing its	ts registered	d office or register	ed agent, or both	, in the State of Flo	rida. Lam	familiar wit	and accept
uno opinga	ations of registered agent.									, and accept
SIGNATURE	Signature, typed or printed name of re	distered agent and title if on	olicable (NO)	TC D						
	Signature, typed or printed name of re		plicable. (NOT	TE: Registered A	Agent signature required	when reinstating)		DATE		
F	Signature, typed or printed name of re FILE NOW!!! FEE IS \$1: or May 1, 2003 Fee will be k Payable to Florida Depa	50.00 \$550.00	plicable. (NOT	PTE. Registered A	Agent signature required	9. Elec	tion Campaign Fin t Fund Contribution	ancing		00 May Be
Afte Make Checl	Signature, typed or printed name of re FILE NOW!!! FEE IS \$1: or May 1, 2003 Fee will be k Payable to Florida Depa	50.00 \$550.00		TE. Registered A	Agent signatura required	9. Elec	t Fund Contribution	ancing	J Add	ed to Fees
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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 changed, or on an attachment with an address with a powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR