

2000 UNIFORM BUSINESS REPORT (UBR)

71

DOCUMENT # P93000036313

1. Entity Name

Professional Sounds, Inc.

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-17-2000 90116 044 ***150.00

Principal Place of Business

Mailing Address

21000 Boca Rio Road

Same

Suite A26

Boca Raton, FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0439760

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Renée Maloof-Pintaunda

P.O. Box 880-566

Boca Raton, FL 33488-0566

Name

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

2657 NW 27th Ave

Boca Raton

City

FL

Zip Code

33434

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President ☐ Delete
Renée Maloof-Pintaunda
P.O. Box 880-566
Boca Raton, FL 33488-0566
2657 NW 27th Avenue
Boca Raton, FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF OFFICER OR DIRECTOR

6/22/00 (561) 451-8156
Date Daytime Phone #

CR2E034 (9/99)