

2001 UNIFORM BUSINESS REPORT (UBR)

17

FILED

Mar 01, 2001 8:00 am
Secretary of State

01-26-2001 90164 037 ***150.00

DOCUMENT # P93000036313

1. Entity Name

PROFESSIONAL SOUNDS INC.
Productions,



Principal Place of Business

21000 BOCA RIO ROAD
A26
BOCA RATON FL 33434
US

Mailing Address

21000 BOCA RIO ROAD
A26
BOCA RATON FL 33434
US

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

MALOOF PINTAUBA, RENEE'
2657 NW 27TH AVE. PO Box 880566
BOCA RATON FL 33434 33438-0566
21000 Boca Rio Road, A26
Boca Raton, FL 33433

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.

SIGNATURE

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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MALOOF PINTAUBA, RENEE'
STREET ADDRESS 2657 NW 27TH AVE PO Box 880566
CITY-ST-ZIP BOCA RATON FL 33434 33438-0566

TITLE
NAME 21000 Boca Rio Road, A26
STREET ADDRESS Boca Raton, FL 33433
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

13. 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)