

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90166 016 \*\*\*150.00

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**DOCUMENT # P94000000608**

1. Entity Name  
**PROFESSIONAL SERVICE ADVERTISING, INC.**



Principal Place of Business  
**8751 S.W. 131 ST  
MIAMI FL 33176  
US**

Mailing Address  
~~14010 S.W. 105TH ST  
MIAMI FL 33186  
US~~ **8751 SW 131st  
Miami, FL 33186  
US**

2. Principal Place of Business  
**SAME**

3. Mailing Address  
**8751 S.W. 131 St**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

Zip  
**33176**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0457688**

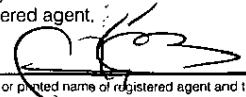
Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**BELAUDE, ALDO  
14010 SW 105 ST  
MIAMI FL 33186**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
Name **CARLOS F. NUNEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**11588 S.W. 125 Ct.**  
City **MIAMI** FL Zip Code **33186**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <del>VPD</del>	<input checked="" type="checkbox"/> Delete
NAME <b>BELAUDE, ALDO</b>	
STREET ADDRESS <b>14010 S.W. 105TH ST</b>	
CITY-ST-ZIP <b>MIAMI FL 33186</b>	
TITLE <del>VPD V President</del>	<input type="checkbox"/> Delete
NAME <b>NUNEZ, CARLOS F</b>	
STREET ADDRESS <b>11588 S.W. 125 CT</b>	
CITY-ST-ZIP <b>MIAMI-FL 33186</b>	
TITLE <del>S</del>	<input checked="" type="checkbox"/> Delete
NAME <b>MC CRIMMON, CLAUDIA</b>	
STREET ADDRESS <b>10510 SW 141 AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33186</b>	
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 <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Harth-Silva, Pedro</b>	
STREET ADDRESS <b>9061 SW 85 street</b>	
CITY-ST-ZIP <b>Miami, FL 33173</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Nunez, Carlos F</b>	
STREET ADDRESS <b>11588 SW 125 Court</b>	
CITY-ST-ZIP <b>Miami, FL 33186</b>	
TITLE <b>Nunez, Maria-Elena</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>11588 SW 125 Court</b>	
STREET ADDRESS <b>Miami, FL 33186</b>	
CITY-ST-ZIP	
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	
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 REQUIRED** Carlos F. Nunez 01/07/02 305 2320399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)