## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P95000005033** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** PROFESSIONAL FESTIVAL SERVICES, INC. 03-28-2000 90099 034 \*\*\*150.00 Mailing Address Principal Place of Business 3041 NW 26TH ST 3041 NW 26TH ST LAUDERDALE LAKES FL 33311-2025 LAUDERDALE LAKES FL 33311 2. Principal Place of Business 3. Mailing Address 323 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0551488 PARK OAILLAJD OAKLAJO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 754 33311 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 6ROSS Street Address (P.O. Box Number is Not Acceptable) GROSS, MITCH 2917 NW 12TH AVE WILTON MANORS FL 33311 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above names SIGNATURE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE D ☐ Delete TITLE ☐ Addition GROSS, 13, TH 7449 NOW 34 TH ST GROSS, MITCH NAME NAME STREET ADDRESS STREET ADDRESS 2917 NW 12TH AVE AUDERHIL , FL CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33311 ☐ Change Addition TITLE TITLE GROSS, PEGGY NAME NAME STREET ADDRESS 2917 NW 12TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WILTON MANORS FL 33311 ☐ Change ☐ Addition TITLE" Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.