

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055167

1. Entity Name

P S & R SYSTEMS, INC.

FILED

Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90048 021 ***150.00

Principal Place of Business

Mailing Address

10522 SW 148 AVE DR
MIAMI FL 33196

10522 SW 148 AVE DR
MIAMI FL 33196

00008630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16445 SW 74 Court

16445 SW 74 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number 65-0607681

Applied For

Not Applicable

Zip 33157

Country USA

Zip 33157

Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTELL, JAMES R
10522 SW 148 AVE DR
MIAMI FL 33196

Name

Martell, James R

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

16445 SW 74 Court

City

Miami

FL

Zip Code

33157

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

James R Martell, James R Martell President 1/12/2001

(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	D	<input type="checkbox"/> Delete
NAME	MARTELL, JAMES R	
STREET ADDRESS	10522 SW 148 AVE DR	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUCHSBAUM, FRED	
STREET ADDRESS	622 VELARDE AVE	
CITY-ST-ZIP	CORAL GABLES FL	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martell, James R	
STREET ADDRESS	16445 SW 74 ct	
CITY-ST-ZIP	Miami FL 33157	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buchsbaum, Fred	
STREET ADDRESS	13627 Deering Bay Dr. #804	
CITY-ST-ZIP	Coral Gables, FL 33158	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

James R Martell, James R Martell 1/12/2001 305-251-5471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)