

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P95000039428*

1. Entity Name

*Professional Services Center, Inc*

FILED

02 SEP 12 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*7257(A) N.E. 4 Av.*

3. Mailing Address

*7257(A) N.E. 4 Av.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*MIA FL*

City & State

*MIA FL*

Zip *33138*

Country *US*

Zip *33138*

Country *US*

4. FEI Number

*65-0623120*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*Manuel Roig*

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

*7257(A) NE 4 Ave.*

City

*MIA FL 33138*

FL

Zip Code

*33138*

**DO NOT WRITE IN THIS SPACE**

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

*Manuel Roig*

*Maria Isabel Giro*

*9/4/02*

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)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *D*  
NAME *Maria Isabel Giro*  
STREET ADDRESS *7257(A) N.E. 4 Avenue*  
CITY-ST-ZIP *MIA FL 33138*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*600007833026--7*  
*-09/18/02--01066--011*

*\*\*\*300.00 \*\*\*300.00*

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*600007833026--7*  
*-09/18/02--01066--012*

*\*\*\*\*\*8.75 \*\*\*\*\*8.75*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Manuel Roig*

*Maria Isabel Giro*

*9/4/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20348 (12/01)