2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State
08-14-2003 90068 019 ***150.00

DOCUMENT # P96000017392

1. Entity Name
PROTECH PERSONNEL, INC.

Principal Place of Business	Mailing Address
~~349 ALCAZAR AVENUE~~	~~843 ALCAZAR AVENUE~~
~~CORAL GABLES FL 33134~~	~~CORAL GABLES FL 33134~~
US	US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5805 Blue Lagoon Dr	5805 Blue Lagoon Dr.
Suite, Apt. #, etc.: 150	Suite, Apt. #, etc.: 150
City & State: Miami FL	City & State: Miami FL
Zip: 33126 Country: US	Zip: 33126 Country: US

4. FEI Number 65-0644337 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, DEBORAH
188 SHORE DRIVE SOUTH
MIAMI FL 33133

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS VAZQUEZ, DEBORAH ~~343 ALCAZAR AVENUE~~ ~~CORAL GABLES FL 33134~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Suite 150, 5805 Blue Lagoon Dr. Miami FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Deborah Vazquez 8/11/03 305 476 0662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment #

PROTECH
Delivering People Power

801384132
P96000017392

5805 Blue Lagoon Drive
Suite 150
Miami, Florida 33126
(305) 476-0662
fax (786) 497-1179
www.protechfl.com

August 11, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

RE Document #P96000017392

Gentlemen:

You will note a change of address on the enclosed (delinquent) UBR. Because of this move, and evidently the failure of mail forwarding, we did not receive the original mailing of the report form.

We request a waiver of the late-filing fee, and enclose our check for the fee as though filed timely.

Thank you for your consideration.

Sincerely,

Deborah Vazquez
President