

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
343 ALCAZAR AVENUE
CORAL GABLES FL 33134
US

Mailing Address
343 ALCAZAR AVENUE
CORAL GABLES FL 33134
US

2. Principal Place of Business
5805 Blue Lagoon Dr
Suite, Apt. #, etc.
150

3. Mailing Address
5805 Blue Lagoon Dr.
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**

☐ CHECK HERE IF MAKING CHANGES

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

TITLE **PVTS** ☐ Delete
NAME **VAZQUEZ, DEBORAH**
STREET ADDRESS **343 ALCAZAR AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Suite 150, 5805 Blue Lagoon Dr.**
CITY-ST-ZIP **Miami FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Vazquez 8/11/03 305 476 0662

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #



80138432
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

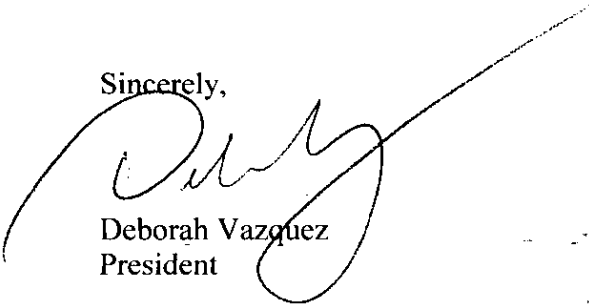
Gentlemen:

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