

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035832

1. Entity Name

PSALMS 91, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90482 015 ***150.00

Principal Place of Business

Mailing Address

4600 N.W. 9TH COURT #2
PLANTATION FL 33317

4600 N.W. 9TH COURT #2
PLANTATION FL 33317-6236

2. Principal Place of Business

1601 W. McNab Rd
Suite, Apt. #, etc.

3. Mailing Address

1601 W. McNab Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

Zip 33069

Country

City & State

Pompano Beach, FL

Zip 33069

Country

4. FEI Number

45-0663569

Applied For

Not Applicable

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

GRAF, JEFFREY E
4600 N.W. 9TH COURT #2
PLANTATION FL 33317

Name

Jeffrey E Graf

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

1601 W. McNab Rd.

City

Pompano Beach

FL

Zip Code

33069

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

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, 2000 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	GRAF, JEFFREY E	
STREET ADDRESS	1081 S.W. 92ND AVENUE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

954-452-8185

CR2-034 (9/99)