

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000099879** ✓  
 1. Entity Name  
**PHYSICIANS COMMUNICATION SERVICES INC.**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90058 003 \*\*\*150.00

Principal Place of Business Mailing Address  
**1254 NE 100 ST.** **1254 NE 100 ST**  
**MIAMI SHORES** **MIAMI SHORES**  
**FL 33138** **FL 33138**

**C0048909**

2. Principal Place of Business 3. Mailing Address  
**1254 NE 100 ST** **1254 NE 100 ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**—** **—**

DO NOT WRITE IN THIS SPACE

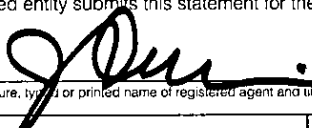
City & State City & State  
**MIAMI SHORES FL** **MIAMI SHORES, FL**  
 Zip Country Zip Country  
**33138** **VSA** **33138** **USA**

4. FEI Number Applied For  
**650927541** Not Applicable

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

6. Name and Address of Current Registered Agent  
**JESUS DUCASSI**  
**1254 NE 100 STREET**  
**MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent  
 Name **JESUS DUCASSI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1254 NE 100 ST**  
**MIAMI SHORES FL 33138**

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  **JESUS DUCASSI** DATE **4/12/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT / REG AGENT</b> <input type="checkbox"/> Delete<br><b>JESUS DUCASSI</b><br><b>1254 NE 100 ST</b><br><b>MIAMI SHORES, FL 33138</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **JESUS DUCASSI** DATE **4/12/01** DAYTIME PHONE # **305-759-9443**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)