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FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91594 017 ***150.00

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022235

1. Corporate Name

PROFESSIONAL LINKING CONSULTANTS, INC.

Principal Place of Business
1500 Bay Road #1072.
Miami Beach, FL 33139

Mailing Address
1500 Bay Road #1072.
Miami Beach, FL 33139

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number 65-0735448 — Applied For / Not Applicable

DO NOT WRITE IN THIS SPACE

5. C...

7. N...

Street Address (P.O. Box

MIAMI BEACH, FL 33139

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.

SIGNATURE

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILING FEE WILL BE $150.00
AND MAY BE PAID BY CHECK
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 NAME STREET ADDRESS CITY-ST-ZIP	P.D. Carlucci, M.D. 1500 Bay Road #1072 Miami Beach, FL 33139 ☐ 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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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

...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: M.A. Carlucci - President - 1-20-01