

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053179  
1. Entity Name  
PERSONALLY YOURS SERVICES OF CENTRAL FLORIDA, IN

FILED  
Feb 15, 2000 8:00 am  
Secretary of State  
02-15-2000 90047 038 \*\*\*150.00

Principal Place of Business Mailing Address  
1800 WEST 49TH ST., SUITE 300 1800 WEST 49TH ST., SUITE 300  
HIALEAH FL 33012 HIALEAH FL 33012-2947

2. Principal Place of Business 3. Mailing Address  
1840 West 49th Street P.O. Box 267085  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 105  
City & State City & State  
Hialeah, FL Weston, FL  
Zip Country Zip Country  
33012 U.S.A. 33326 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0764636 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
REISER, MICHAEL R  
1800 WEST 49TH ST., SUITE 300  
HIALEAH FL 33012

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1840 West 49th Street  
Suite 105  
City Hialeah FL Zip Code 33012

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 Michael R. Reiser, Pres. 2/7/00  
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	PT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISER, MICHAEL R	NAME	1840 West 49th Street, Suite 105
STREET ADDRESS	1800 WEST 49TH ST., SUITE 300	STREET ADDRESS	Hialeah, FL 33012
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISER, DONALD	NAME	1840 West 49th Street, Suite 105
STREET ADDRESS	1800 WEST 49TH ST., SUITE 300	STREET ADDRESS	Hialeah, FL 33012
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISER, JACQUELINE B	NAME	1840 West 49th Street, Suite 105
STREET ADDRESS	1800 WEST 49TH ST., SUITE 300	STREET ADDRESS	Hialeah, FL 33012
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISER, BETTY	NAME	1840 West 49th Street, Suite 105
STREET ADDRESS	1800 WEST 49TH ST., SUITE 300	STREET ADDRESS	Hialeah, FL 33012
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael R. Reiser, Pres 2/7/00 954-384-2853  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)