

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90048 015 ***158.75

DOCUMENT # P97000099778

1. Entity Name

PROFESSIONAL NONATTORNEY SERVICES INC.

Principal Place of Business

Mailing Address

1825 N.E. 154TH TERRACE
 NORTH MIAMI BEACH FL 33162
 US

1825 N.E. 154TH TERRACE
 NORTH MIAMI BEACH FL 33162-6049

2. Principal Place of Business

3. Mailing Address:

17022 WEST DIXIE HWY
 Suite, Apt. #, etc.
 119

17022 WEST DIXIE HWY
 Suite, Apt. #, etc.
 119

City & State
 NORTH MIAMI BEACH, FL

City & State
 NORTH MIAMI BEACH, FL

Zip
 33160

Country
 USA

Zip
 33160

Country
 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUIZ QUEZADA, OSCAR ALBERTO
 1825 N.E. 154TH TERRACE
 NORTH MIAMI BEACH FL 33162

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-2000.

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 RUIZ QUEZADA, OSCAR ALBERTO
 1825 N.E. 154TH TERRACE
 NORTH MIAMI BEACH FL 33162 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GOMEZ, LUZ INES
 6369 BYRON AVE.
 MIAMI BEACH FL 33141 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 RUIZ, RICARDS RAUL
 2310 N.W. 72ND AVE.
 MIAMI FL 33123 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-2000

CR2E034 (9/99)