

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90015 012 ***158.75

DOCUMENT # **P9800000 16884**

1. Entity Name
PROTOCOL SERVERS INTERNET, INC

Principal Place of Business Mailing Address
620 NW 13TH ST #38
BOCA RATON, FL 33486

2. Principal Place of Business 3. Mailing Address
620 NW 13TH ST **620 NW 13TH ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
38 **38**

City & State City & State
BOCA RATON, FL **BOCA RATON FL**
Zip Country Zip Country
33486 **Palm Beach** **33486** **Palm Beach**

4. FEI Number Applied For
65081375 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EVELYN J. MIRZA
620 NW 13TH ST, #38
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name **Evelyn J MIRZA**
Street Address (P.O. Box Number is Not Acceptable)
620 NW 13TH ST #38
963 ELGIN ST
City **Manorville BOCA RATON FL** Zip Code **33486**

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 **Evelyn J Mirza** DATE **5-28-01**
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)

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/CEO Evelyn J MIRZA 620 NW 13TH ST #38 BOCA RATON, FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: **Evelyn J Mirza** DATE: **5-28-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE

CR2E034 (11/00)