

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035849

1. Entity Name

PROFIT PLUS SPECIALISTS OF AMERICA, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90043 001 ***550.00

09-13-2000 90043 002 *****8.75

Principal Place of Business

1688 WEST AVE
 SUITE 601
 MIAMI BEACH FL 33139

Mailing Address

PO BOX 571195
 MIAMI FL 33257-1195

20700

2. Principal Place of Business

11330 SW 164 street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-0829281

Applied For

Not Applicable

Zip

Country

33157-2712

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELTON, CHRISTOPHER R
 11330 SW 164 ST
 MIAMI FL 33157

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
 NAME JAFFEE, SCOTT D
 STREET ADDRESS 1688 WEST AVE SUITE 601
 CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

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

TITLE VTSD
 NAME FELTON, CHRISTOPHER
 STREET ADDRESS 11330 SW 164 ST
 CITY-ST-ZIP MIAMI FL 33157-2712 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Christopher R Felton

9/14/00

Date

882752857

Daytime Phone #

CR2E034 (5/00)