

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90088 017 ***150.00

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DOCUMENT # P98000039018

1. Entity Name

STATEWIDE PROFESSIONAL SERVICES, INC.



Principal Place of Business

13205 SW 137 AVE
SUITE 227
MIAMI FL 33186

Mailing Address

13205 SW 137 AVE
SUITE 227
MIAMI FL 33186

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

65-0832014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ACOSTA, ZAIDA R
13205 SW 137 AVE
SUITE 227
MIAMI FL 33186

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ACOSTA, ZAIDA R
STREET ADDRESS 14253 SW 161 ST
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE VP
NAME ACOSTA, MARCOS L
STREET ADDRESS 14253 SW 161 ST
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME ACOSTA, ZAIDA R. ☒ Change ☐ Addition
STREET ADDRESS 13205 SW 137 AVE, Suite 227
CITY-ST-ZIP Miami FL 33186

TITLE VP
NAME MARCOS L. Acosta ☒ Change ☐ Addition
STREET ADDRESS 13205 SW 137 AVE, Suite 227
CITY-ST-ZIP MIAMI FL 33186

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF MARCOS L. ACOSTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/03 (305) 405-0409

Date

Daytime Phone #

Ext. 29

CR2E034 (4/03)

Attachment

90146584
H 99800003 9018

Statewide Professional Services, Inc.

13205 SW 137th Avenue, Suite 227 • Miami, FL 33186
(305) 405-0409 • Fax: (305) 405-0413

July 17, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

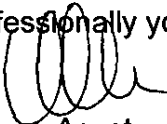
Dear Sirs:

This is to confirm that our corporation did not receive the annual notice, therefore did not submit the needed documentation on a timely matter.

We are now submitting the applicable filing fees along with the report as requested by your department.

Please do not hesitate to contact this office if you have any questions. My direct number is (305) 405-0409, ext. 29.

Professionally yours,



Marcos Acosta
Vice President