

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90066 044 ***150.00

671157



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000050493 1. Entity Name PROFESSIONAL PROPERTIES MANAGEMENT, INC.				<p>671157</p> <p>DO NOT WRITE IN THIS SPACE</p>																																	
Principal Place of Business 7420 N.W. 5TH STREET SUITE 101 PLANTATION FL 33317		Mailing Address 7420 N.W. 5TH STREET SUITE 101 PLANTATION FL 33317																																			
2. Principal Place of Business 1160 NW 100th way Suite, Apt. #, etc.		3. Mailing Address 1160 NW 100th way Suite, Apt. #, etc.																																			
City & State Plantation, FL		City & State Plantation, FL																																			
Zip 33322		Country Broward		4. FEI Number 65-0847790																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable																																	
6. Name and Address of Current Registered Agent CARDOUNEL, ALEX 7420 N.W. 5TH STREET SUITE 101 PLANTATION FL 33317		7. Name and Address of New Registered Agent Name Cardounel Alex Street Address (P.O. Box Number is Not Acceptable) 1160 NW 100th way Plantation, FL City FL Zip Code 33322																																			
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 DATE 1/5/01 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> D CARDOUNEL, ALEX 7420 N.W. 5TH STREET SUITE 101 PLANTATION FL 33317 </td> <td style="padding: 2px;"></td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D CARDOUNEL, ALEX 7420 N.W. 5TH STREET SUITE 101 PLANTATION FL 33317		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		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"/> Delete																																				
D CARDOUNEL, ALEX 7420 N.W. 5TH STREET SUITE 101 PLANTATION FL 33317																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete															<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		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"/> Delete																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete															<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		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"/> Delete																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete															<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		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"/> Delete																																				
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:				Date 1/5/01 Daytime Phone # (954) 474-8884																																	

CR2E034 (10/00)