

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051846

1. Entity Name

PROFILES INTERNATIONAL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90156 037 ***158.75

Principal Place of Business

4101 NORTH ANDREWS AVENUE
SUITE 302
FORT LAUDERDALE FL 33309

Mailing Address

4101 NORTH ANDREWS AVENUE
SUITE 302
FORT LAUDERDALE FL 33309-4776

2. Principal Place of Business

600 PROSPECT ROAD
Suite, Apt. #, etc.
2G

3. Mailing Address

600 PROSPECT ROAD
Suite, Apt. #, etc.
2G

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0874774

Applied For

Not Applicable

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

CASEY, KATHLEEN
4101 NORTH ANDREWS AVENUE
SUITE 302
FORT LAUDERDALE FL 33309

Name

CASEY, KATHLEEN

Street Address (P.O. Box Number is Not Acceptable)

600 PROSPECT ROAD

SUITE 2G

City

FT. LAUDERDALE

FL

Zip Code
33309

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

4-12-00

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
PSD
CASEY, KATHLEEN
4101 NORTH ANDREWS AVENUE, SUITE #302
FORT LAUDERDALE FL 33309

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CASEY, KATHLEEN
600 PROSPECT ROAD SUITE 2G
FT. LAUDERDALE, FL 33309

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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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 #

4-12-00

CR2E034 (9/99)