

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90151 020 ***158.75

DOCUMENT # **P980000 51846**

1. Entity Name

Profiles International, Inc.

DO NOT WRITE IN THIS SPACE

042231

2. Principal Place of Business

600 PROSPECT RD

3. Mailing Address

Same

Suite, Apt. #, etc.

2G

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE FL

City & State

4. FEI Number

650874774

Applied For

Not Applicable

Zip

33309

Country

Broward

Zip

33309

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KATHLEEN CASEY

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

600 PROSPECT RD

2G

City

FT LAUDERDALE

FL

Zip Code

33309

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IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PSD**
NAME
STREET ADDRESS
CITY-ST-ZIP
CASEY, KATHLEEN
600 PROSPECT ROAD 2G
FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

4-01-02

CR2E034B (12/01)