

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90088 002 ***150.00

0169233 AV

DOCUMENT # P98000060785

1. Entity Name
PROFESSIONAL ARCHITECTURAL SERVICES INC.



Principal Place of Business
10782 DENVER DR.
COOPER CITY FL 33026

Mailing Address
10782 DENVER DR.
COOPER CITY FL 33026

2. Principal Place of Business
2131 AUSTIN STREET

3. Mailing Address
2131 AUSTIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON FL.

City & State
WESTON FL.

4. FEI Number **65-0853736**

Applied For
Not Applicable

Zip **33326** **Country** **USA.**

Zip **33326** **Country** **USA.**

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

GUBEREK, INGRID
10782 DENVER DR.
COOPER CITY FL 33026

Name **CARLOS FORERO**
Street Address (P.O. Box Number is Not Acceptable)
2131 AUSTIN STREET

City **WESTON** **FL** **Zip Code** **33326**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **GUBEREK, INGRID**
STREET ADDRESS **10782 DENVER DR.**
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **D.** ☐ **Change** ☐ **Addition**
NAME **FORERO CARLOS**
STREET ADDRESS **2131 AUSTIN STREET**
CITY-ST-ZIP **WESTON, FL. 33326**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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:-

FILED

4/18/03

954 682 2534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS FORERO

Date

Daytime Phone #

CR2E034 (10/02)