2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P98000063245 PROFESSIONAL BILLING MANAGEMENT, INC. 03-05-2001 90319 034 ***150.00 Principal Place of Business Mailing Address 881 NW 132 PLACE 881 NW 132 PLACE MIAMI FL 33182 MIAMI FL 33182 3. Mailing Address 2. Principal Place of Business 940155 <u>10321-2 NW 9:St. Circle</u> Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number FL 52-2112092 rlarida niami thiami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Dade Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agentlevesita AMARAN, TERISITA Street Address (P.O. Box Number is Not Acceptable) 881 NW 132 PLACE **MIAMI FL 33182** Zip Code 33 194 Miami 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

P. This corporation is elicible to satisfy its Intangible

FILE NOW!!!, FEE 16 \$150.00

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, 2001 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 🔀 Change TITLE 🖼 Delete TITLE Amaran, Teresita 10321-2 NW95+ Circle NAME NAME AMARAN, TERISITA STREET ADDRESS STREET ADDRESS 881 NW 132 PLACE FL 33172 CITY-ST-7IP CITY-ST-ZIP MIAMI.FL 33182 Amaran, Martin Change 10321-2 NW 954 Circle TITLE Delete TITLE D۷ NAME NAME AMARAN, MARTIN STREET ADDRESS STREET ADDRESS 881 NW 132 PLCE FL 33172 CITY-ST-ZIP CITY-ST-ZIP miami MIAMI FL 33182 TITLE T Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP

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. If 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:

teesioa Amaran

212/01

305-552-1231

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