

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083129

1. Entity Name

PROFESSIONAL BUSINESS ADVISORS, INC.

Principal Place of Business

10300 SUNSET DR
SUITE 270
MIAMI FL 33173

Mailing Address

10300 SUNSET DR
SUITE 270
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

15720 SW 72nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

164

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33193 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OTERO, TERESITA
10206 SW 161 AVE
MIAMI FL 33196

Name

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

City

FL

Zip Code

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)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	OTERO, TERESITA	
STREET ADDRESS	10206 SW 161 AVE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, TERESITA	
STREET ADDRESS	10206 SW 161 AVE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTA, ZORAIDA	
STREET ADDRESS	10121 SW 35th STREET	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Teresita Otero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01
Date

(305) 273-6137
Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90009 035 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0867815

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (10/00)