

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91465 045 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P99000011330

1. Entity Name
PROFESSIONAL CENTER, INC.



Principal Place of Business
**1380 NE MIAMI GARDENS DR
SUITE 250
NORTH MIAMI BEACH FL 33179**

Mailing Address
**1380 NE MIAMI GARDENS DR
SUITE 250
NORTH MIAMI BEACH FL 33179**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6079881** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROZENEWAIG, LESLIE ALAN P.A.
1 SE 3RD AVENUE
SUITE 860
MIAMI FL 33131**

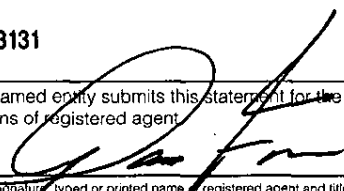
7. Name and Address of New Registered Agent

Name **Paul Fraynd**

Street Address (P.O. Box Number is Not Acceptable)
**1380 NE MIAMI GARDENS DR.
Ste 250**

City **North Miami Beach** FL Zip Code **33179**

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  DATE **4/22/03**

(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAYND, PAUL 560 N.W. 165TH STREET ROAD, SUITE 300 NORTH MIAMI FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAYND, SAUL 560 NW 165 STREET RD, STE 300 MIAMI FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL Fraynd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1380 NE MIAMI GARDENS DR. #250 North Miami Beach, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUL Fraynd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1380 NE MIAMI GARDENS DR. #250 North Miami Beach, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FANNY Fraynd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1380 NE MIAMI GARDENS DR. #250 North Miami Beach, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/22/03** DAYTIME PHONE # **305 940-5046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)