

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031625

1. Entity Name

PROFESSIONAL RESOURCE OPTIONS, INC.

Principal Place of Business

20801 S. BISCAYNE BLVD., STE. 410  
AVENTURA FL 33180

Mailing Address

20801 S. BISCAYNE BLVD., STE. 410  
AVENTURA FL 33180

2. Principal Place of Business

20801 Biscayne Blvd  
Suite, Apt. #, etc.  
# 403

3. Mailing Address

20801 Biscayne Blvd  
Suite, Apt. #, etc.  
# 403

City & State

Aventura FL

City & State

Aventura FL

Zip

33180

Country

USA

Zip

33180

Country

USA

6. Name and Address of Current Registered Agent

LOVE, MICHAEL  
20801 S. BISCAYNE BLVD., STE. 403  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Love, Michael  
Street Address (P.O. Box Number is Not Acceptable)  
20801 Biscayne Blvd.  
#403  
City Aventura FL Zip Code 33180

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

*W. L. Love*

2/28/01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Mark Fried	20801 S. Biscayne Blvd #410	Aventura FL 33180	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P Michael A. Love	20801 Biscayne Blvd. #403	Aventura, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*W. L. Love*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

305-931-1616

Daytime Phone #

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90333 045 \*\*\*158.75

00030606



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

000614