

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-05-2001 90333 045 ***158.75

000614

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
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00030606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20801 Biscayne Blvd Suite, Apt. #, etc. # 403	3. Mailing Address 20801 Biscayne Blvd Suite, Apt. #, etc. # 403
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City & State Aventura FL	City & State Aventura FL	4. FEI Number 65-0916833	Applied For Not Applicable
Zip 33180	Country Dade	Zip 33180	Country Dade

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

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* DATE: 2/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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* DATE: 2/28/01 DAYTIME PHONE #: 305-931-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)