

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

Professional Purchasing Agency, Inc. ✓
P 99000036440

Principal Place of Business

12720 SW 149 ST
Miami, FL 33186

Mailing Address

12720 SW 149 ST
Miami FL 33186

2. Principal Place of Business

12720 SW 149 ST
Suite, Apt. #, etc.

3. Mailing Address

12720 SW 149 ST
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33186

Country

USA

Zip

33186

Country

USA

6. Name and Address of Current Registered Agent

Alex Bouchereau
10612 SW 128 PL
Miami FL 33186

4. FEI Number

65-0912722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name

Steven J. Henriquez

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

7430 SW 33 ST

City

Miami

FL

Zip Code

33155

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

4/23/00

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, 2000 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 President
NAME Jean Edouard Henriquez
STREET ADDRESS 12720 SW 149 ST
CITY-ST-ZIP Miami FL 33186

☐ Delete

TITLE P
NAME Jean Edouard Henriquez
STREET ADDRESS 12720 SW 149 ST
CITY-ST-ZIP Miami FL 33186

☐ Change

☒ Addition

TITLE
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☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

305-238-0809

CR2E034 (9/99)