

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90174 036 ***150.00

DOCUMENT # P99000042727

1. Entity Name
P & S IMAGE, INC.



Principal Place of Business
9661 SW 148 PL
MIAMI FL 33196

Mailing Address
9661 SW 148 PL
MIAMI FL 33196

2. Principal Place of Business

3710 SW 152 Path

Suite, Apt. #, etc.

3. Mailing Address

3710 SW 152 Path

Suite, Apt. #, etc.

City & State
MIAMI, Florida

Zip
33185

Country
USA

City & State
MIAMI, Florida

Zip
33185

Country
USA

4. FEI Number
65-0919373

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BLUM, PABLO
9661 SW 148 PL
MIAMI FL 33196

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BLUM, PABLO**
CITY-ST-ZIP **9661 SW 148 PL**
MIAMI FL 33196

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Blum, Pablo**
CITY-ST-ZIP **3710 SW 152 Path**
MIAMI, FL 33185

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **AQUILLAN, SANDRA**
CITY-ST-ZIP **9661 SW 148 PL**
MIAMI FL 33196

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **Aquillon, Sandra**
CITY-ST-ZIP **3710 SW 152 Path**
MIAMI, FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

PABLO BLUM REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-2003 (305) 486879

Date

Daytime Phone #

CR2E034 (10/02)