## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000044908

Entity Name: PROFESSIONAL MODIFICATION SERVICES, INC.

FILED Apr 01, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI, FL 33133							
Current Mailing Address:				New Mailing Address:			
2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI, FL 33133							
FEI Number:	65-0961840	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CALLEJAS, MARIA C 2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI, FL 33133 US				GERSHMAN, DAVID 2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI, FL 33133 US			
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: DAVID GERSHMAN				04/01/2003			
	Electronic	Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECT						TO OFFICERS AND DIRECTOR	₹S:
Title: Name: Address: City-St-Zip:	KUFFNER, MARII	/SHORE DRIVE, SUITE 800		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MCDOWELL, DE	/SHORE DRIVE, SUITE 800		Title: Name: Address: City-St-Zip:	MCDOWELL, DI	YSHORE DRIVE, SUITE 800	
Title: Name: Address: City-St-Zip:	T () C MARTIN, JAMES 7500 NW 26 STR MIAMI, FL 33122			Title: Name: Address: City-St-Zip:	T (X) MARTIN, JAMES 5300 NW 36 ST MIAMI, FL 3316	REET	
Title: Name: Address: City-St-Zip:	()[	Pelete		Title: Name: Address: City-St-Zip:	WALSH, PREST	A, 249 5TH AVE, 8TH FLR	
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	D () GRISIUS, MICHA 1919 PENNSYLY WASHINGTON,	VANIA AVE NW	
Title: Name: Address: City-St-Zip:	( ) [	Delete		Title: Name: Address: City-St-Zip:	P () HENDERSON, S 5300 NW 36 ST MIAMI, FL 3316	REET	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D. KUFFNER S 04/01/2003