

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000045107**
Entity Name
P.M.F. PROFESSIONAL SERVICES, CORP

FILED
May 20, 2000 8:00 am
Secretary of State
05-20-2000 90007 035 ***150.00

Principal Place of Business
Mailing Address

Principal Place of Business 843 RICH DRIVE	3. Mailing Address SAME
Suite, Apt. #, etc. 202	Suite, Apt. #, etc.
City & State DEERFIELD BEACH FL	City & State
Zip 33441	Country USA

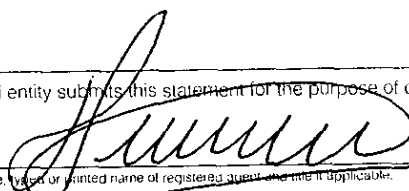
4. Fee Number 65-0918767	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name PAULO VICENTE FERREIRA
Street Address (P.O. Box Number is Not Acceptable) 843 RICH DRIVE
202
City DEERFIELD BEACH
FL
Zip Code 33441

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  DATE **04/28/2000**

Signature, typed or printed name of registered agent, whichever is 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) ☐

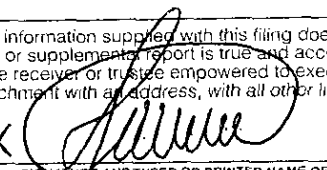
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	
VP/T	ANA LUISA DE CASTRO LARRE	
843 RICH DRIVE #202	DEERFIELD BEACH, FL 33441	
P/S	MOIZES FERREIRA TORRES	☒ Delete
6800 NW 39th AVENUE #439	COCONUT CREEK FL 33073	
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	CITY-ST-ZIP	
P/S	PAULO VICENTE FERREIRA	
843 RICH DRIVE #202	DEERFIELD BEACH, FL 33441	
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ 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:  DATE **04/28/2000** DAYTIME PHONE # **(954) 4298472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR