

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000065042**1. Entity Name
MANAGEMENT SERVICES OF AMERICA INC.

Principal Place of Business	Mailing Address
639 E OCEAN AVE	639 E OCEAN AVE
STE 204	STE 204
BOYNTON BEACH FL	BOYNTON BEACH FL
33435	33435

2. Principal Place of Business
639 E. OCEAN AVE3. Mailing Address
639 E. OCEAN AVESuite, Apt. #, etc.
SUITE 204Suite, Apt. #, etc.
SUITE 204City & State
BOYNTON BEACH FLCity & State
BOYNTON BEACH FLZip
33435

Country

Zip
33435

Country

4. FEI Number
65-0941240Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentVROUHAS PETER
639 E OCEAN AVE
STE 204
BOYNTON BEACH FL
33435 US**7. Name and Address of New Registered Agent**Name
VROUHAS PETER JPRES
Street Address (P.O. Box Number is Not Acceptable)
639 E OCEAN AVE
STE 204
City
BOYNTON BEACH FL Zip Code
33435

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 **PETER VROUHAS, PRES****04/21/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME VROUHAS PETER ☐ Delete
STREET ADDRESS
2612 FLORIDA BLVD
CITY-ST-ZIP DELRAY BEACH FL 33483TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME VROUHAS PETER J ☒ Change ☐ Addition
STREET ADDRESS
2612 FLORIDA BLVD
CITY-ST-ZIP DELRAY BEACH FL 33483TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: PETER VROUHAS

PST

04/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)