

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90354 048 ***150.00

B0089352



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000068400

1. Entity Name
PROFESSIONAL REALTY ORGANIZATION, INC.

Principal Place of Business

**20283 STATE RD. 7
 SUITE 300
 BOCA RATON FL 33498**

Mailing Address

**20283 STATE RD. 7
 SUITE 300
 BOCA RATON FL 33498**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0937336**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**PARKER, MONIQUE
 1900 NW CORPORATE BLVD., #400E
 BOCA RATON FL 33431**

Name **Parker, Monique**

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

20283 State Rd. 7,

Suite 300

City **Boca Raton**

FL

Zip Code
33498

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 Monique Parker, President

4/22/02

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, 2002 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 **PD** ☐ Delete
 NAME **PARKER, MONIQUE**
 STREET ADDRESS **1900 NW CORPORATE BLVD., #400E**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PD** ☒ Change ☐ Addition
 NAME **PARKER, MONIQUE**
 STREET ADDRESS **20283 State Rd 7, Suite 300**
 CITY-ST-ZIP **Boca Raton, FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
 NAME
 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: Monique Parker **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

(561) 472-6892

Daytime Phone #

CR2E034 (9/01)