

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90027 018 ***150.00

DOCUMENT # P99000079740

1. Entity Name

PROFESSIONAL HEALTH SERVICES OF MIAMI, INC.

Principal Place of Business

**1800 W. 49 ST., STE. 332
HIALEAH FL 33012**

Mailing Address

**1800 W. 49 ST., STE. 332
HIALEAH FL 33012**

2. Principal Place of Business

6271 SW 8 ST

3. Mailing Address

6271 SW 8 ST

Suite, Apt. #, etc.

(In Rear)

Suite, Apt. #, etc.

(In Rear)

City & State

Miami, FL

City & State

Miami, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

4. FEI Number

65-0948546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BERENGUER, ROBERT

1390 MAHOGANY RIDGE DR.

WESTON FL 33331

7. Name and Address of New Registered Agent

Name

Robert Berenguer

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

16180 S. Post Rd. Apt. 304

City

Weston

FL

Zip Code

33331

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **BERENGVER, ROBERT**
STREET ADDRESS **4390 MAHAGARY RIDGE DR**
CITY-ST-ZIP **WESTON FL 33339**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Robert Berenguer**
STREET ADDRESS **16180 S. Post Rd. Apt. 304**
CITY-ST-ZIP **Weston, FL 33331**

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

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

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

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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/02 305 266 9430

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
R# P99000079740

Professional Health Services of Miami, Inc.

6271 SW 8 ST

Miami, FL 33144

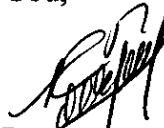
phone (305)266-9430

fax (305)266-9341

To whom it may concern:

Please be advised that, even though we notified you in November of 2001 that we were moving to a new address, we never received our initial 2002 Uniform Business Report and therefore forgot to file. Please accept our apologies and enclosed is our payment.

Thank You,



Robert Berenguer
President