

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S33659

1. Entity Name

PROFESSIONAL REALTY AND LAND COMPANY

Principal Place of Business

9036 SW 152 STREET
MIAMI FL 33157
US

Mailing Address

7703 SW 178TH ST.
MIAMI FL 33157-6236

2. Principal Place of Business

7300 N. KENDALL DRIVE

Suite, Apt. #, etc.

519

City & State

MIAMI FLORIDA

Zip

33156

Country

Dade

3. Mailing Address

7703 SW 178 St

Suite, Apt. #, etc.

1

City & State

Miami Fla

Zip

33157-6236

Country

Dade

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90477 028 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0250762

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

NICHOLAS, GREGORY J
7703 SW 178TH ST
MIAMI FL 33157

Name

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

City

FL

Zip Code

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

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 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	D	<input type="checkbox"/> Delete
NAME	NICHOLAS, GREGORY	
STREET ADDRESS	7703 SW 178TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

(305) 278 1222

Daytime Phone #

CR2E034 (10/00)