

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S37354**

1. Entity Name

PROFESSIONAL FINANCIAL SERVICES, INC.

APPROVED
AND
FILED

00 OCT 16 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

330 SW 27TH AVE
SUITE 806
MIAMI FL 33135
US

Mailing Address

P.O. BOX 352614
MIAMI FL 33135-8614
US

OK



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2916 S.W. 27TH TERRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

65-0252424

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

MARCOS, RICARDO
2916 SW 27TH TERR
MIAMI FL 33133

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

RICARDO MARCOS

(NOTE: Registered Agent signature required when reinstating)

DATE

9/28/00

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, 2000 Min. 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	VP	<input type="checkbox"/> Delete
NAME	GORT, TAMARA S	
STREET ADDRESS	2660 N.W. 14TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MARCOS, RICARDO	
STREET ADDRESS	2916 SW 27TH TERR	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003447674-3	
STREET ADDRESS	-11/01/00--01100--020	
CITY - ST - ZIP	****750.00 ****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

REINSTATEMENT 2000

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:

RICARDO MARCOS

9/28/00

(305) 771-7279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)