2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90376 026 ***150.00

DOCUMENT # S37354

1. Entity Name
PROFESSIONAL FINANCIAL SERVICES INC

Principal Place of Business	Mailing Address
2916 SW 27 TERR	2916 SW 27 TERR.
MIAMI, FL 33133	MIAMI, FL 33133

00055974

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2916 SW 27 TERR.	2916 SW 27 TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL 3	City & State: MIAMI, FL
Zip: 33133 Country:	Zip: 33133 Country:

4. FEI Number: 65-0252424 — 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
RICARDO MARCOS	Name
2916 SW 27 TERR.	Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33133	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

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees | Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P/T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICARDO MARCOS	NAME	
STREET ADDRESS	2916 SW 27 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAMARA S. GORT	NAME	
STREET ADDRESS	2660 NW 14 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 4/30/01 (305) 774-7279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #