2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004113

1. Entity Name

PCAC, INC.



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90048 008 ****61.25

Principal Place of Business Mailing Address							
1501 NE 62ND STREET FORT LAUDERDALE FL 33334-5199		1501 NE 62ND STREET FORT LAUDERDALE FL 33334-5199		† INDMITAL a de loca	22004944 	1 8300 1 11 88 2 11	300 (161 (80)
2. Principal f	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		NOT AT LIVABLE		oplied For
Zìp	Country	Zip	Country	5. Certificate of Stat		8.75 Add	
	6. Name and Address of Curren	t Registered Agent	<u> </u>	7 Neme and Addre	ess of New Registered A	ee Require	ea .
	ER, DANIEL P AS OLAS BLVD SUITE 1900	spelling error		s (P.O. Box Number is No		gent	
BRINKLE	Y MCNEELFY SOLOMON & TATI NUDERDALE FL 33301 M. Nel Neu	JM LLP	City		FL	Zip Cod	e
the above the obligat	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered agent.	·	s registered office or regis		e State of Florida. I am fa	miliar with,	and accept
Trust Fund C OFFICERS AND DIRECTORS			ampaign Financing Contribution.	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE IAME STREET ADDRESS STY-ST-ZIP	PD COWGILL, LOURDES M DR. 1501 NE 62ND STREET FORT LAUDERDALE FL 33334-5	□ Defete	NAME STREET ADDRESS CITY-ST-ZIP	lrew Gumber 33 Agua, Vist 7, Lawledou	9 B/J Fe 3330/	Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	D SMITH, DENNIS 110 SE 6TH ST FT LAUDERDALE FL 33301	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
ITLE IAME TREET ADDRESS	CD BLOSSER, JAMES 1761 SE 9TH STREET	☐ Delete	TITLE NAME		·	Change	Addition
ITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP				
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		l	Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition
1 lharabus		all cur a second					

2. 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:

1/31/03/454/192-494