

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90001 017 \*\*\*158.75

0149180

**DOCUMENT # P00000046010**

1. Entity Name

**P.G.H.R.A.U. CORPORATION, A FLORIDA CORP.**

Principal Place of Business

Mailing Address

% RUTECKI & ASSOCIATES, P.A.  
 100 S.E. 2ND STREET 34TH FLOOR  
 MIAMI FL 33131

% RUTECKI & ASSOCIATES, P.A.  
 100 S.E. 2ND STREET 34TH FLOOR  
 MIAMI FL 33131

**C0024320**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2121 Ponce de Leon Blvd.**

3. Mailing Address

**2121 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

**721**

Suite, Apt. #, etc.

**721**

City & State

**CORAL GABLES, FL**

City & State

**CORAL GABLES, FL**

4. FEI Number

**65-1024853**

Applied For

Not Applicable

Zip

**33134**

Country

Zip

**33134**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUTECKI, HEATHER A**  
 % RUTECKI & ASSOCIATES, P.A.  
 100 S.E. 2ND STREET 34TH FLOOR  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **ALBERT P. VEGA**

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

**2121 PONCE DE LEON BLVD #721**

City **CORAL GABLES**

**FL**

Zip Code **33134**

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 of the registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
 DATE **2/26/01**

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

TITLE **D**  Delete  
 NAME **GETREIDE, PATRICK**  
 STREET ADDRESS **100 S.E. 2ND STREET 34TH FLOOR**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P**  Change  Addition  
 NAME **GETREIDE, PATRICK**  
 STREET ADDRESS **2121 PONCE DE LEON BLVD STE 721**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**2/26/01**

Date

Daytime Phone #

CR2E034 (10/00)