

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0247116 AV

DOCUMENT # P00000064883

1. Entity Name
PBG ENTERPRISES, INC.

04-11-2002 90658 026 ***150.00

Principal Place of Business
6821 SW 32ND TERRACE
MIAMI FL 33155

Mailing Address
6821 SW 32ND TERRACE
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3562 NW 50th ST.

3. Mailing Address
3562 NW 50th ST.

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-1046041** Applied For Not Applicable

Zip **33142** Country **Miami-Dade** Zip **33142** Country **Miami-Dade**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PARETAS, GILBERTO
6821 SW 32ND TERRACE
MIAMI FL 33155

7. Name and Address of New Registered Agent
 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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D PARETA, GILBERTO 6821 SW 32ND TERRACE MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** **3/27/02 (305)638-5519**

Signature and typed or printed name of signing officer or director: **Gilberto Paretas, President** Date: _____ Daytime Phone #: _____

CR2E034 (9/01)