

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90030 043 ***150.00

DOCUMENT # P96000014311

1. Entity Name
PCC ENTERPRISES, INC.

Principal Place of Business C/O 101 MADEIRA AVENUE CORAL GABLES FL 33134	Mailing Address C/O 101 MADEIRA AVENUE CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 Salzedo St. Suite, Apt. #, etc. #300	3. Mailing Address 2100 Salzedo St Suite, Apt. #, etc. #300
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City & State Coral Gables Fl.	City & State Coral Gables Fl.	4. FEI Number 65-0673037	Applied For Not Applicable
Zip 33134	Zip 33134	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARAZOZA, COMAS, DE TORRES, FERNANDEZ-FRAGA
2100 SALZEDO ST
STE 300
CORAL GABLES FL 33134

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVINE, ROBERT	NAME	
STREET ADDRESS	4950 NW 73 AVE	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33139	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAXANDER, JULIAN	NAME	
STREET ADDRESS	6521 SW 136 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAXANDER, BRUCE	NAME	
STREET ADDRESS	425 EAST 76 STREET, APT 11-A	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, TIMOTHY	NAME	
STREET ADDRESS	1800 N ANDREWS AVE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE:

J Alexander **JULIAN ALEXANDER** 4/22/00 954-733-1536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)