


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90207 043 ***150.00

DOCUMENT # P96000014311

1. Entity Name
PCC ENTERPRISES, INC.



Principal Place of Business
**2100 SALZEDO ST
#300
CORAL GABLES FL 33134**

Mailing Address
**2100 SALZEDO ST
#300
CORAL GABLES FL 33134**



2. Principal Place of Business
1749 E. HALLANDALE BCH. BLVD

3. Mailing Address
1749 E. HALLANDALE BCH. BLVD

Suite, Apt. #, etc.
#113

Suite, Apt. #, etc.
#113

City & State
HALLANDALE, FL

City & State
HALLANDALE, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0673037**

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

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ - FRAGA P.A.
2100 SALZEDO ST
STE 300
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALAXANDER, JULIAN 2500 PARKVIEW DR #1011 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAXANDER, BRUCE 425 EAST 76 STREET, APT 11-A NEW YORK NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, TIMOTHY 2811 N. OAKLAND FOREST DR #105 OAKLAND PARK FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: J. Alexander Resurreccion **ALEXANDER** **954-456-3437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)