

2000 UNIFORM BUSINESS REPORT (UBR)

3

FILED
May 15, 2000 8:00 am
Secretary of State

03-20-2000 90083 044 ***150.00

DOCUMENT # P99000079056

1. Entity Name

PHG HOLDINGS, INC.

Principal Place of Business

Mailing Address

2665 SO. BISCAYNE DR.,STE.202
 COCONUT GROVE FL 33133

2665 SO. BISCAYNE DR.,STE.202
 COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOHL, MICHAEL D
2665 SO. BISCAYNE DR.,STE.202
COCONUT GROVE FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Michael Wohl, President 4/11/00

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Michael O. Wohl	9400 S. Dadeland Blvd, #100	Miami, FL 33156	<input type="checkbox"/>
	Louis Wolfson III			<input checked="" type="checkbox"/>
Executive Vice President	David Deutch	9400 S. Dadeland Blvd, #100	Miami, FL 33156	<input type="checkbox"/>
Senior Vice President	Mitchell Friedman	9400 S. Dadeland Blvd, #100	Miami, FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Chairman	Louis Wolfson III	9400 S Dadeland Blvd, #100	Miami, FL 33156	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 (305) 854-7100

Date

Daytime Phone #