

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042858

1. Entity Name

POSITIVE GROUND, INC.

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90158 036 ***158.75

Principal Place of Business
11250 INTERCHANGE CIRCLE
NORTH
MIRAMAR FL 33025
US

Mailing Address
11250 INTERCHANGE CIRCLE
NORTH
MIRAMAR FL 33025
US

2. Principal Place of Business
350 International Parkway
Suite, Apt. #, etc.

3. Mailing Address
350 International Parkway
Suite, Apt. #, etc.

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33351

Country
USA

Zip
33351

Country
USA

4. FEI Number
65-0669409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY, CHRISTOPHER P
11098 BISCAYNE BLVD.
SUITE 205
MIAMI FL 33161

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

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

(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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALERS, WILSON	
STREET ADDRESS	11250 INTERCHANGE CIRCLE NORTH	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	PABON, JAMES	
STREET ADDRESS	11250 INTERCHANGE CIRCLE NORTH	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLOM, OSCAR	
STREET ADDRESS	11250 INTERCHANGE CIRCLE NORTH	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Oscar Colom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

954/433-0654

Daytime Phone #