2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91300 020 ***150.00

DOCUMENT # 213834

1. Entity Name
PERSHING INDUSTRIES INC.

11024081

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1424 NW LEJEUNE RD MIAMI, FL 33126	1424 NW LEJEUNE RD MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
14200 NW 57TH AVE Suite, Apt. #, etc.	14200 NW 57TH AVE Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

4. FEI Number: 59-0843901 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REVITZ, JANICE 14200 NW 57TH AVE HIALEAH, FL 33014	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILING FEE IS $150.00
After May 1, 2003 fee will be $400.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KLEIN, LES 1424 N W LEJEUNE RD MIAMI, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KLEIN, LES 14200 NW 57TH AVE HIALEAH, FL 33014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REVITZ, MARK 1424 N W LEJEUNE RD MIAMI, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REVITZ, MARK 14200 NW 57TH AVE ~~HIALEAH, FL 33014~~	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAXWELL, ROBERT 1424 N.W.LEJEUNE RD MIAMI, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAXWELL, ROBERT 14200 NW 57TH AVE HIALEAH, FL 33014	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REVITZ, MAURICE 1424 N W LEJEUNE RD MIAMI, FL 00000,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, BRIAN C 1424 N.W. LEJEUNE RD MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REVITZ, JANICE 1424 NW LEJEENE RD MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REVITZ, JANICE 14200 NW 57TH AVE HIALEAH, FL 33014	XX Change ☐ Addition

CR2E034 (10/02)

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: _____ 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #