

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 322002

1. Entity Name

P.M.F. INTERNATIONAL CORP.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90001 030 ***150.00

Principal Place of Business

Mailing Address

6501 N.W. 36TH STREET
SUITE 101
MIAMI FL 33166-6961
US

6501 N.W. 36TH STREET
SUITE 101
MIAMI FL 33166-6961
US

2. Principal Place of Business

12277 S.W. 55th Street

3. Mailing Address

12277 S.W. 55th Street

Suite, Apt. #, etc.

905

Suite, Apt. #, etc.

905

City & State

Cooper City, Fl.

City & State

Cooper City, Fl.

4. FEI Number

59-2700213

Applied For

Not Applicable

Zip

33330

Country

U.S.

Zip

33330

Country

U.S.

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

LEWIS, REUBEN

6501 NW 36TH STREET

SUITE 101

MIAMI FL 33166

Name

Lewis, Reuben

Street Address (P.O. Box Number is Not Acceptable)

12277 S.W. 55th Street #905

City

Cooper City

FL

Zip Code
33330

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, REUBEN 6501 N.W. 36TH ST #101 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, LILLY 2325 BISCAYNE BAY DR MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEWIS, JACK A. 10804 RICHMOND PLACE COOPER CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEWIS, JACK A. 10804 Richmond Pl. Cooper City, Fl.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEWIS, LILLY 21205 Yacht Club Dr.-#1603 Aventura, Fl.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LEWIS, REUBEN S. 21205 Yacht Club Dr.-#1603 Aventura, Fl.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, VALERIE 10804 Richmond Pl. Cooper City, Fl.	<input type="checkbox"/> Change <input checked="" 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

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

Date

Daytime Phone #

1/17/2000 954-252-3335

CR2E034 (9/99)