

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 378956

1. Entity Name

P.M.J. CORPORATION

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90082 028 \*\*\*150.00

Principal Place of Business

19790 W DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180  
US

Mailing Address

19790 W DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180-2218  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1362068

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POULOS, JACK M.  
19790 W DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	POULOS, JACK M	
STREET ADDRESS	19790 W DIXIE HIGHWAY	
CITY- ST- ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POULOS, ANTHONY	
STREET ADDRESS	2910 NE 214TH ST	
CITY- ST- ZIP	NORTH MIAMI BCH FL	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	POULOS, HARRY	
STREET ADDRESS	3745 NE 171ST ST #3	
CITY- ST- ZIP	NORTH MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POULOS, MICHAEL J	
STREET ADDRESS	8918 219TH ST.	
CITY- ST- ZIP	QUEENS VILLAGE NY 11427	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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:

*Jack Poulos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JACK M. POULOS

2-20-00

Date

305-931-0316

Daytime Phone #

CR2E034 (9/99)