

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90015 048 \*\*\*150.00

**DOCUMENT # 528281-**

1. Entity Name

**P. I. K. INCORPORATED**

Principal Place of Business

Mailing Address

3535 GILLESPIE ST.  
 SUITE 1B  
 DALLAS TX 75219  
 US

3535 GILLESPIE ST.  
 SUITE 1B  
 DALLAS TX 75219  
 US

2. Principal Place of Business

3535 Gillespie St

3. Mailing Address

3535 Gillespie St.

Suite, Apt. #, etc.

Suite 1D

Suite, Apt. #, etc.

Suite 1D

City & State

DALLAS TX

City & State

DALLAS TX

Zip

75219

Country

USA

Zip

75219

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLD, PETER M.**  
**3180 SOUTH OCEAN DRIVE**  
**SUITE 1516**  
**HALLENDALE FL 33009**

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, 2001 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 **P** ☐ Delete  
 NAME **GOLD, PETER M**  
 STREET ADDRESS **3535 GILLESPIE ST., SUITE 1B**  
 CITY-ST-ZIP **DALLAS TX 75219**

TITLE **V** ☐ Delete  
 NAME **SEBASTIAN, IAN**  
 STREET ADDRESS **11771 LAURELWOOD DRIVE**  
 CITY-ST-ZIP **STUDIO CITY CA**

TITLE **ST** ☐ Delete  
 NAME **GOLD, KEITH**  
 STREET ADDRESS **1400 HERITAGE**  
 CITY-ST-ZIP **ST. LAZARE QUEBEC CANADA**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **As before - except** ☒ Change ☐ Addition  
 NAME **Suite 1D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(PETER M. GOLD)**

**8/03/01 (214) 520-0341**

Date

Daytime Phone

CR2E034 (10/00)