

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90021 040 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 651638

1. Entity Name PEM BROKE CORPORATION

Principal Place of Business
C/O WILLIAM C. DAVIS, III, ESQ.
2655 LE JEUNE ROAD, PH-2
CORAL GABLES, FL 33134

Mailing Address
C/O WILLIAM C. DAVIS, III, ESQ.
2655 LE JEUNE RD, PH-2
CORAL GABLES, FL 33134

769661

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 591952921

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, WILLIAM C. III
2655 LE JEUNE ROAD
PENTHOUSE 2
CORAL GABLES, FL 33134

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's 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)

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FILE MONTHLY FEES STATEMENT

Amount Due: \$200.00 (See criteria on back)

Due Date: 06/01/2001 (See criteria on back)

10. Election Campaign Financing
Trust Fund Contribution.

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\$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
P/D
FADEL, HABIB
2655 LE JEUNE RD, PH-2
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DAVIS, WILLIAM C. III, ESQ.
2655 LE JEUNE RD, PH-2
CORAL GABLES, FL 33134

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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:

WILLIAM C. DAVIS, III

4/29/2001

305-448-3290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/98)