

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 668710

1. Entity Name

PMR ENTERPRISES INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90003 041 ***150.00

Principal Place of Business

7370 PINEWALK DR S
MARGATE FL 33063

Mailing Address

7370 PINEWALK DR S
MARGATE FL 33063-8106

00001110

2. Principal Place of Business

3890 Panduan Rd
Suite, Apt. #, etc.

3. Mailing Address

3890 Panduan Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Valhalla, IL
Zip 60555

City & State

Valhalla, IL
Zip 60555

4. FEI Number

59-2131210

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIPPIN, ROBERT P.
5460 N. STATE ROAD 7
FT. LAUDERDALE FL

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, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	RACANO, PEGGY M.	7370 PINEWALK DR S	MARGATE FL	<input type="checkbox"/>
V	RACANO, LOUIS	7370 PINEWALK DR S	MARGATE FL	<input type="checkbox"/>
V	MCGOLDRICK, LISA	7370 PINEWALK DR S	MARGATE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		3890 Panduan Rd	Valhalla, IL 60555	<input type="checkbox"/>	<input type="checkbox"/>
		3890 Panduan Rd	Valhalla, IL 60555	<input type="checkbox"/>	<input type="checkbox"/>
		771 N. Pine St	Plantation, FL 33324	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Peggy M. Racano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/2000 954 752 2059

CR2E034 (9/99)