2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A00000000918

1. Entity Name

PAI, LTD.

FILED

01 FEB -1 AM 11: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5804 TYLER STREET	5804 TYLER STREET
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE

City & State	City & State	**4.** FEI Number	☑ 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**

6.
SILLER, MARVEL
5804 TYLER STREET
HOLLYWOOD FL 33021

7.
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. Capital Contributions as Shown on record. **$390,000.00**	**10.** Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO DEPT. OF STATE** SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	**13.** ADDRESS CHANGES ONLY
DOCUMENT # P00000050820	STREET ADDRESS
NAME PAI, INC.	
STREET ADDRESS 5804 TYLER STREET	CITY-ST-ZIP
CITY-ST-ZIP HOLLYWOOD FL 33021	

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DOCUMENT #	STREET ADDRESS
NAME	
STREET ADDRESS	CITY-ST-ZIP
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CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

PAI INC

SIGNATURE: BY SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   MARVEL SILLER, PRES   Date 1-22-01   Daytime Phone #