

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008148 AF

DOCUMENT # **A96000000999**

1. Entity Name

**P.M. FAMILY, LTD.**

Principal Place of Business

**100 N.W. 12TH AVENUE  
DEERFIELD BEACH FL 33443**

Mailing Address

**P.O. BOX 4007  
DEERFIELD BEACH FL 33442-4007**

**FILED**

**01 MAR -5 AM 10:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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

**65-0667572**

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

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH FL 33401**

Name

**THOMAS BLANTON**

Street Address (P.O. Box Number is Not Acceptable)

**100 N.W. 12TH AVENUE**

City

**DEERFIELD BEACH**

FL

Zip Code

**33442**

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

*Thomas Blanton*

**THOMAS BLANTON**

**3/2/01**

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.

**\$6,600,000.00**

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 # **P96000044614**  
NAME **P.M. FAMILY CORP.**  
STREET ADDRESS **100 N.W. 12TH AVENUE**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33443**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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)(l), 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

SIGNATURE:

*Thomas Blanton*  
**THOMAS BLANTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**SEC. P.M. FAMILY CORP. GEN. PTR.**

**3/2/01**

**954-429-2566**

Date

Daytime Phone #

CR2E003 (11/00)