

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90545 033 \*\*\*150.00

DOCUMENT # F00000005700

1. Entity Name  
PIONEER INTERNATIONAL MANAGEMENT SERVICES, INC.

P INTERNATIONAL MANAGEMENT SERVICES INC.

Principal Place of Business  
20801 BISCAYNE BLVD., SUITE 503  
AVENTURA FL 33180

Mailing Address  
20801 BISCAYNE BLVD., SUITE 503  
AVENTURA FL 33180

2. Principal Place of Business  
20803 BISCAYNE BLVD  
Suite, Apt. #, etc.  
SUITE 302

3. Mailing Address  
20803 BISCAYNE BLVD  
Suite, Apt. #, etc.  
SUITE 302

City & State  
AVENTURA FL

City & State  
AVENTURA FL

4. FEI Number 65-1048581

Applied For  
Not Applicable

Zip 33180 Country DAE

Zip 33180 Country DAE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME GALIN, OMER  
STREET ADDRESS 20801 BISCAYNE BLVD., SUITE 503  
CITY-ST-ZIP AVENTURA FL 33180

TITLE VPD  
NAME NAHUM, AVIRAM  
STREET ADDRESS 20801 BISCAYNE BLVD., SUITE 503  
CITY-ST-ZIP AVENTURA FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE OF AVIRAM NAHUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

305-935-5502

Daytime Phone #

CR2E034 (10/02)