

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90154 037 \*\*\*150.00

0574871 AT

**DOCUMENT # F01000000680**

**1. Entity Name**  
**PIM CORP SOUTH**

**Principal Place of Business**      **Mailing Address**  
**201 CIRCLE DRIVE NORTH**      **201 CIRCLE DRIVE NORTH**  
**STE 106**      **STE 106**  
**PISCATAWAY NJ 08854**      **PISCATAWAY NJ 08854**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **22-2702021**      **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**LOPEZ, LEON**  
**14470 SW 156 AVENUE**  
**MIAMI FL 33196**

**7. Name and Address of New Registered Agent**

**Name** **ROY STREETFIELD**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2715 MADRIGAL LANE**  
**City** **W. MELBOURNE**      **FL**      **Zip Code** **32901**

**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** *Roy Streetfield*      **DATE** **1/11/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**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, 2002 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**

<b>TITLE</b>	<b>PCD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>TORIELLO, ROBERT J</b>	
<b>STREET ADDRESS</b>	<b>201 CIRCLE DRIVE NORTH, STE 106</b>	
<b>CITY-ST-ZIP</b>	<b>PISCATAWAY NJ</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CHRISTMAS, JAMES</b>	
<b>STREET ADDRESS</b>	<b>5555 SAN FELIPE, STE 1200</b>	
<b>CITY-ST-ZIP</b>	<b>HOUSTON TX</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KEAN JR, JOHN</b>	
<b>STREET ADDRESS</b>	<b>550 ROUTE 202-206</b>	
<b>CITY-ST-ZIP</b>	<b>BEDMINSTER NJ</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DWYER, FREDERICK</b>	
<b>STREET ADDRESS</b>	<b>555 SAN FELIPE, STE 1200</b>	
<b>CITY-ST-ZIP</b>	<b>HOUSTON TX</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Robert J. Toriello*      **DATE** **1/11/02 (732) 469-6224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)