2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with pa

SIGNATURE:

FILED May 19, 2000 8:00 am Secretary of State **DOCUMENT # F91063** 1. Entity Name PNG, INC. 05-19-2000 90003 002 ***150.00 Principal Place of Business Mailing Address 9858 GLADES RD. 9658 GLADES RD. BOCA RATON FL 33434-3983 BOCA RATON FL 33434-3918 U\$ 2. Principal Place of Business 3. Mailing Address 23460 MIRABELLA CAPOLE SUS 23 460 MILHBELLA CAROLL Suite, Apt_#,.etc.__ Suite, Apt. #, etc. Applied For BOCH ROTON, City & State 4. FEI Number 59-2768021 Not Applicable Country \$8.75 Additional USA-5. Certificate of Status Desired 33433 USP Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT GEB GELB, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8888 NW 2ND PLACE CORAL SPGS FL 33065 which is the same of the same City BOCK RATEN statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE Signature, pured or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE IS \$150.00 3. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition Delete TITLE GELB. ROBERT NAME NAME MIRABELLACIALLESOUTH 9858 GLADES ROAD STREET ADDRESS STREET ADDRESS SOLARATON, PL 33433 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL FL 33434 PST** Change | ☐ Addition ☐ Delete TITLE TITLE GELB, ROBERT NAME NAME 23460 MINUREUA CILCLE COUNT 9855 GLADES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-218 BOCK PROPOR, PL 33931 **BOCA RATON FL FL 33434** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME - -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITLE والأفيون أتجيه مياه يبالأ NAME NAME FIFE WILLIAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 true teaching of the corporation or the receiver or true teaching of the corporation of the corp

all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-361 9512

Daytime Phone #