

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001189

1. Entity Name

PMG SECURITIES CORPORATION

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90009 027 ***150.00

Principal Place of Business

500 AUSTRALIAN AVE S.
STE 850
WEST PALM BEACH FL 33401

Mailing Address

% CUMBERLAND LICENSING
P.O. BOX 7543
CUMBERLAND RI 02864
US

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 13-3570621

Applied For

Not Applicable

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

FHS CORPORATE SERVICES, INC.
11780 US HWY ONE, SUITE 300
NORTH PALM BEACH FL 33408

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. 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	HSU, JUSTIN	
STREET ADDRESS	500 AUSTRALIAN AVE S STE 850	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOCK, ROBERT	
STREET ADDRESS	515 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Scherrman	
STREET ADDRESS	One Kemper Drive	
CITY-ST-ZIP	Long Grove, IL 60049	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Hock	
STREET ADDRESS	515 Madison Avenue	
CITY-ST-ZIP	New York, NY	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter McBay	
STREET ADDRESS	500 Australian Ave., S., Ste. 850	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Cognetti	
STREET ADDRESS	500 Australian Ave., S., Ste 850	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Rittman	
STREET ADDRESS	500 Australian Ave., S., Ste. 850	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)