

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005468

1. Entity Name

PMG ASSET MANAGEMENT, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90129 014 ***150.00

Principal Place of Business

Mailing Address

350 PARK AVE
NY NY 10022

% CUMBERLAND LICENSING
P.O. BOX 7543
CUMBERLAND RI 02864-0806
US

2. Principal Place of Business

500 Australian Ave., S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 850

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33401

USA

6. Name and Address of Current Registered Agent

MCBAY, WALTER
500 AUSTRALIAN AVE S
STE 850
WPB FL 33401

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.

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCPT
HSU, JUSTIN
500 AUSTRALIAN AVE S STE 850
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCVS
HOCK, ROBERT
~~350 PARK AVE~~
~~NY NY 10022~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MCBAY, WALTER
500 AUSTRALIAN AVE S STE 850
WPB FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
300 E. 54th Street, #21C
New York, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)