

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15192

01 AUG -3 AM 10:41

DOCUMENT # F98000004230

1. Entity Name

PBD, Holdings, Inc.

Principal Place of Business

24 River Road  
40th Ave, Inc.  
Bogota, NJ 07603

Mailing Address

24 River Road  
40th Ave, Inc.  
Bogota, NJ 07603

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3896265

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

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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

Deborah D. Skipper  
as its agent

Deborah D. Skipper  
as its agent

8/10/01

Signature, typed or printed name of registered agent and date 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	Cohen, Lawrence J	
STREET ADDRESS	70 East 55th Street 7th FL	
CITY - ST - ZIP	NY NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Chazano, Jay	
STREET ADDRESS	70 E 55th St 7th FL	
CITY - ST - ZIP	NY NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Gray, Peter	
STREET ADDRESS	70 E 55th St 7th FL	
CITY - ST - ZIP	NY 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP	500004514005--5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
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 #

7/31/01 (212) 350-9900

CR2E034 (11/00)

pg 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 342441 9858A

AUTHORIZATION :

*Patricia Figueira*

COST LIMIT : \$ 558.75

ORDER DATE : August 1, 2001

ORDER TIME : 9:36 AM

ORDER NO. : 342441-015

CUSTOMER NO: 9858A

ATTORNEY: Jay Thailer, Esq  
Dvl, Inc.

70 E 55th Street

New York, NY 10022

RECEIVED  
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DIVISION OF CORPORATIONS  
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NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: PBD HOLDINGS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: \_\_\_\_\_