

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002908

1. Entity Name  
PT-1 HOLDINGS II, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**  
08-24-2000 90001 003 \*\*\*550.00

Principal Place of Business  
30-50 WHITESTONE EXPRESSWAY  
FLUSHING NY 11354

Mailing Address  
30-50 WHITESTONE EXPRESSWAY  
FLUSHING NY 11354

2. Principal Place of Business

3. Mailing Address

223 E. Dela Guerra St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Santa Barbara CA

4. FEI Number 52-2117999

Applied For  
Not Applicable

Zip

Country

Zip

Country

93101

USA

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

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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 reinstalling)

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 \$550.00.**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD TAWFIK, SAMER 30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARLEY, DOUGLAS 30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUSARITZ, JOHN 30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRIS Edgecomb D 223 E. Dela Guerra St. Santa Barbara CA 93101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Casey D 223 E. Dela Guerra St. Santa Barbara CA 93101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Mary Casey D 223 E. Dela Guerra St. Santa Barbara CA 93101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*Mary Casey*  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/00 805/899-1962

CR2E034 (5/00)