

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005801

1. Entity Name

PMC ASSET CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90128 015 ***150.00

Principal Place of Business

2000 PALM BEACH LAKES BLVD. #777
 WEST PALM BEACH FL 33409

Mailing Address

2000 PALM BEACH LAKES BLVD. #777
 WEST PALM BEACH FL 33409-6511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0919301**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUST, CHARLENE
 2000 PALM BEACH LAKES BLVD. #777
 WEST PALM BEACH FL 33409

Name

CLAUDIA CAPLAN

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

2000 PALM BEACH LAKES BLVD. #777

City

WEST PALM BEACH

FL

Zip Code

33409

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 *Claudia Caplan*
 Signature, typed or printed name of registered agent and title if applicable

CLAUDIA CAPLAN

04/28/2000

(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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	AINSLEY, ALAN	
STREET ADDRESS	2000 PALM BEACH LAKES BLVD. #777	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CAPLAN, CLAUDIA	
STREET ADDRESS	2000 PALM BEACH LAKES BLVD. #777	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Alan Ainsley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN AINSLEY, PRES.

Date

04/28/2000 54-693-5111

Daytime Phone #

CR2E034 (9/99)