

04/20/2001 10:22 3058241279

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91152 019 ***150.00

DOCUMENT # **G82316**

1. Entity Name

P.G. INTENSIVE FIGHTING CONCEPT

Principal Place of Business

Mailing Address

**5650 SW 102 AVE
MIAMI, FL 33173****P.O. BOX 997101
MIAMI FL 33299**

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

59-2348020

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

**GOZALEZ, RUBEN
9943 NW 48 ST CIRCLE
MIAMI FL 33178**

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
 AND MAY 4, 2001 Fee will be \$530.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution, ☐

**\$5.00 May Be
 Added to Fees**

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
STD GOZALEZ, MARIA ELENA 9943 NW 48 ST CIRCLE MIAMI FL 33178	☐ Delete		☐ Change ☐ Addition
PO GOZALEZ, RUBEN 9943 NW 48 ST CIRCLE MIAMI FL 33178	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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

Uniform Periodic #

C:\P\050301\01