## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## DOCUMENT # **H74394** May 22, 2000 8:00 am 1. Entity Name Secretary of State PGM DEVELOPERS, INC. 05-22-2000 90057 030 \*\*\*150.00 Principal Place of Business Mailing Address 5602 PGA BLVD. 5602 PGA BLVD. STF 203 STE. 203 PALM BEACH GARDENS FL 33410-5985 PALM BEACH GARDENS FL 33418 HS 2. Principal Place of Business 3. Mailing Address 9121 N. MILITARY 9121 N. MILITARY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE පටට 200 Applied For City & State 4. FEI Number 59-2644811 Not Applicable GARDENS. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHISON & MATHISON ATTORNEYS AT LAW Street Address (P.O. Box Number is Not Acceptable) 5606 PGA BLVD SUITE 211 PALM BEACH GARDENS FL 33418 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **VPD** TITLE Change Addition ☐ Delete TITLE GIAQUINTO, PETER B., JR. NAME NAME 9121 N. MILITARY TRAIL, # 200 STREET ADDRESS 5602 PGA BLVD., STE. 203 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL TITLE Delete PERSIN, MICHAEL S NAME 9121 N. MILITARY TRAIL # 200 STREET ADDRESS STREET ADDRESS 5602 PGA BLVD., STE. 203 PALM BEACH CARDENS FL PALM BEACH GARDENS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 13. I hereby certify that the information supplied with this