

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90002 038 ***550.00

DOCUMENT # K50190

1. Entity Name
P B F ENTERPRISES, INC.

Principal Place of Business

1533 CANAL STREET
 LEHIGH ACRES FL 33936

Mailing Address

1533 CANAL STREET
 LEHIGH ACRES FL 33936

2. Principal Place of Business

1452 Lee Blvd

3. Mailing Address

1452 Lee BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

4. FEI Number

65-0083819

Applied For

Not Applicable

Zip

33936

Country

Zip

33936

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, A. BRINTON JR
1421 LEE BLVD.
LEHIGH ACRES FL 33936

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 \$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 **DS** Delete
 NAME **WIDAD, FARAH**
 STREET ADDRESS **1533 CANAL ST.**
 CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **P-D** Change Addition
 NAME **ROS A Puente**
 STREET ADDRESS **832 E CARBON ST.**
 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S-D** Change Addition
 NAME **LINDA Puente**
 STREET ADDRESS **832 E CARBON ST**
 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V.P-T** Change Addition
 NAME **D**
 STREET ADDRESS **silvia Puente**
 CITY-ST-ZIP **334 morgan circle N. Lehigh Acres FL 33936**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **ROS A Puente**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)