

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011134

1. Entity Name

THE PAL HOLDINGS GROUP, LLC

FILED

01 JUN 20 AM 11:10

Principal Place of Business

6301 COLLINS AVENUE, SUITE 2304
MIAMI BEACH FL 33410

Mailing Address

6301 COLLINS AVENUE, SUITE 2304
MIAMI BEACH FL 33410

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

6301 Collins Avenue
Suite, Apt. #, etc.
1805

3. Mailing Address

6301 Collins Ave
Suite, Apt. #, etc.
1805

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach

4. FEI Number

65-1040387

Applied For

Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, JESSE T
2699 S. BAYSHORE DRIVE Suite 400
MIAMI FL 33133

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
The PAL Management Group
6301 Collins Ave Suite 1805
Miami Beach, FL 33411
PAUL KERTNER - MGR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100004452561-5
-07/02/01--01008--023
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/8/01

Date

Daytime Phone #

CR2E083 (11/00)