

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/3:

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90001 034 \*\*\*\*50.00

**DOCUMENT # L02000025836**

1. Entity Name

**PR-PCI, LC**



Principal Place of Business

**666 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442**

Mailing Address

**666 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442**

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

**16-1632677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PORTEN, SCOTT B  
666 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. **MGRM** MANAGING MEMBERS/MANAGERS

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	SCOTT PORTEN	
STREET ADDRESS	666 S. Military Trail	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	Member	<input checked="" type="checkbox"/> Delete
NAME	STEPHEN PORTEN	
STREET ADDRESS	666 S. Military Trail	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	Member	<input checked="" type="checkbox"/> Delete
NAME	JAMES	
STREET ADDRESS	666 S. Military Trail	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	George Coren	
STREET ADDRESS	666 S. Military Trail	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

*I did not know that members do not need to be disclosed*

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 605, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)