

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002011

1. Entity Name

P.M. & R. MANAGEMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

1165 N. OCEAN DRIVE, SUITE 1
RIVIERA BEACH FL 33404

Mailing Address

1165 N. OCEAN DRIVE, SUITE 1
RIVIERA BEACH FL 33404-4741



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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASKIEWICZ, TIMOTHY E
1165 N. OCEAN DRIVE, SUITE 1
RIVIERA BEACH FL 33404

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM
WASKIEWICZ, TIMOTHY E ☐ Delete
STREET ADDRESS 206 BLOSSOM LANE
CITY-ST-ZIP PALM BEACH SHORES FL 33404

TITLE NAME ☐ Change ☐ Addition
300003391239--6
-09/13/00--01042--017
*****50.00 *****50.00

TITLE NAME MGRM
WASKIEWICZ, KIMBERLY E ☐ Delete
STREET ADDRESS 206 BLOSSOM LANE
CITY-ST-ZIP PALM BEACH SHORES FL 33404

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

TITLE NAME MGRM
WASKIEWICZ, ROBERT E ☐ Delete
STREET ADDRESS 14 MORRIS CIRCLE
CITY-ST-ZIP NEW HARTFORD NY

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/27/00

(561) 845-9119

CR2E083 (9/99)