

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015217 AF

DOCUMENT # L99000001308

1. Entity Name
PARK LAKE PCI, L.C.

01 APR 11 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
666 S. Military Trail

3. Mailing Address
666 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0903846

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
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

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-04/19/01--01098--015

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PORTEN, SCOTT
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442 ☒ 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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Scott B. Porten
666 S. Military Trail
Deerfield Beach, FL 33442 ☒ Change ☐ Addition

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

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 REQUIRED 4/3/01

3/28/01 954-422-1883

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

Date

Daytime Phone #

CR2E083 (11/00)