## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001701  1. Entity Name PB GROUP LLC								FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  00 FEB 22 PM 12: 09			
Principal Place of Business 3129 NORTH 29TH AVENUE HOLLYWOOD FL 33020  Mailing Address 3129 NORTH 29TH AVENUE HOLLYWOOD FL 33020-1323							001	TO CE TIME. 07			
2. Principal Place of Business 3. Mailing Address							'		1410) (14)! (25!) 4	1918) 1/9/ 1991	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
City & State City & State					te			umber <b>65-0953254</b>	<u> </u>	plied For t Applicable	
Zip		Country	Zip Country				5. Certificate of Status Desired   \$5.00 Additional Fee Required				
6. Name and Address of Current Regis							7. Name	7. Name and Address of New Registered Agent			
SOLOMON, PHILIP						Name					
3129 NORTH 29TH AVE						Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWO	OD FL 330	020			City Zip Code						
							City FL Zip Code				
SIGNATURE _		y submits this statement to			-	Agent signature req	-	or both, in the State of Florida.			
			1	Make Check Pa		EE IS \$50.0 Departmen					
9. MANAGING MEMBERS / MEMBERS TITLE MGRM Delete								ADDITIONS/CHANGES	Change	☐ Ad@tion	
TCTLE NAME STREET ADDRESS CITY-ST-ZIP	SOLOMON 3129 NOR	n, Philip RTH 29TH Avenue DOD FL 33020		Delete			m	312100	снаць		
TITLE				Delete	TITLE			4	Change	Addition	
MAME STREET ADDRESS CITY-ST-ZIP						E ET ADDRESS ST-ZIP	المارية المارية	400003161 -03/07/000	<b>434-</b> 11030	- <b>-6</b>	
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indicated limited lia	on this repo bility compa	e information supplied with rt is true and accurate and ny or the receiver or truster	that my sic	inature shall have	r the exer	e legal effect as	if made under napter 608, Flo	07(3)(i), Florida Statutes. I further cell oath: that I am a managing membrida Statutes.	er or manage	r of the	
SIGNAT	UKE: ~	SIGNATURE AND TYPED OR PRII	ITED NAME O	F SIGNING MANAGING	MEMBER C	R MANAGER		Date	Daytime Phone #		