9/11/2002-90062-030-$61.25-$61.25

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02 OCT 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

42864

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007852

1. Entity Name
PI Group, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4560 N. University Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderhill	City & State
Zip: 33351 Country: USA	Zip: 33351 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1155499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thomas Grace

Street Address (P.O. Box Number is Not Acceptable)

3266 W. Buena Vista Dr.

City: Margate FL Zip Code: 33063

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailed filing)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE T NAME STREET ADDRESS CITY-ST-ZIP	President / Trustee Thomas Grace 3266 W. Buena Vista Dr. Margate, FL 33063
TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	Kathleen Johnson Vice President / Trustee 3266 W. Buena Vista Dr. Margate, FL 33063
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Trustee Amy Bergey 3266 W. Buena Vista Dr. Margate, FL 33063
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CR2E037B (12/01)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy Bergey Secretary 9/8/02 954-590-2348

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 11/4/02

Amy Bergey 10/21/02