

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003962

FILED
Jul 20, 2002
Secretary of State

Entity Name: PBCOGS, INC.

Current Principal Place of Business:

6853 S.W. 18TH STREET, #301
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

6853 S.W. 18TH STREET, #301
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 65-0682960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHELIHAN, MAUREEN
3537 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LUBETKIN, DAVID
Address: 9980 CENTRAL PK., #312
City-St-Zip: BOCA RATON, FL 33428

Title: DVP () Delete
Name: AQUA, KEITH
Address: 10115 FOREST HILL, STE. #400
City-St-Zip: WEST PALM BEACH, FL 33428

Title: DP () Delete
Name: WHELIHAN, MAUREEN
Address: 3537 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD () Delete
Name: ARCELIN, GOSTAL
Address: 7301 W PALMETTO STE 103
City-St-Zip: BOYNTON BEACH, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOSTAL ARCELIN

TD

07/20/2002

Electronic Signature of Signing Officer or Director

Date