

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007087

1. Entity Name

PINKOWSKI INSTITUTE, INC.

FILED

May 15, 2001 8:00 am
Secretary of State

05-15-2001 90191 019 ****61.25

Principal Place of Business

9900 STIRLING ROAD #200
COOPER CITY FL 33024

Mailing Address

9900 STIRLING ROAD #200
COOPER CITY FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINKOWSKI, JACK
9900 STIRLING RD.
SUITE 200
COOPER CITY FL 33024

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PINKOWSKI, EDWARD
STREET ADDRESS 10212 SW 59 ST
CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete

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

TITLE VSD
NAME PINKOWSKI, JACK
STREET ADDRESS 9900 STIRLING ROAD #200
CITY-ST-ZIP COOPER CITY FL 33024 ☐ Delete

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

TITLE VD
NAME PINKOWSKI, JAMES D
STREET ADDRESS 3900 UNIVERSTIY DR, #200
CITY-ST-ZIP FAIRFAX VA 22030 ☐ Delete

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

TITLE D
NAME PINKOWSKI, CONNIE
STREET ADDRESS 10212 SW 59 ST
CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete

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

TITLE DT
NAME ROSIELLO, CARL A
STREET ADDRESS 429 GROVE ST
CITY-ST-ZIP BRIDGEPORT PA 19405 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Pinkowski (EDWARD PINKOWSKI) 4/30/01 954 680 7143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Position Phone #

CR2E037 (10/00)