

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90265 050 ***150.00

DOCUMENT # P00000001182

1. Entity Name
P M G CORPORATE SERVICES CORPORATION

Principal Place of Business 175 FONTAINBLEAU BLVD. #1R4A MIAMI FL 33172	Mailing Address 175 FONTAINBLEAU BLVD. #1R4A MIAMI FL 33172
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0984134**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAMOS, JOSE L SR.
 175 FONTAINBLEAU BLVD. #1R4A
 MIAMI FL 33172**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RAMOS, JOSE L SR. 175 FONTAINBLEAU BLVD. #1R4A MIAMI FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RAMOS, JOSE L SR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 175 FONTAINBLEAU BLVD #1R4A MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, JOSE L SR. 175 FONTAINBLEAU BLVD. #1R4A MIAMI FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS JOSE L SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 175 FONTAINBLEAU BLVD #1R4A MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose L Ramos* **4/17/01** **(305) 485 4910**

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

CR2E034 (10/00)