

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001771

1. Entity Name
PM TALENT AGENCY, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90214 035 ***150.00

Principal Place of Business
601 BRICKELL KEY DRIVE SUITE 802
MIAMI FL 33131

Mailing Address
601 BRICKELL KEY DRIVE SUITE 802
MIAMI FL 33131

2. Principal Place of Business
770 Cloughton Island Dr
Suite #604
Miami FL

3. Mailing Address
770 Cloughton Island Dr
Suite #604
Miami FL



DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0974613

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

6. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO A ESQ
601 BRICKELL KEY DRIVE SUITE 802
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Jorge A. Mendez
Street Address P.O. Box Number is Not Acceptable
770 Cloughton Island Dr Suite #604
City Miami FL Zip Code 33131

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.

Jorge A. Mendez President 04/29/01

(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

TITLE President
NAME Jorge Abraham Mendez
STREET ADDRESS 770 Cloughton Island Dr #604
CITY-ST-ZIP Miami FL 33131

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge A Mendez

Date

04/29/01

Daytime Phone #

305-372-9696

CR2E034 (10/00)

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