

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007224

1. Entity Name
P.D.C. GROUP, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90062 002 ***150.00

Principal Place of Business
16810 HARBOR COURT
WESTON FL 33326

Mailing Address
16810 HARBOR COURT
WESTON FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6430 SW 188 Ave
Suite, Apt. #, etc.

3. Mailing Address
6430 SW 188 Ave
Suite, Apt. #, etc.

City & State
Davie FL
Zip
33332
Country
USA

City & State
Davie FL
Zip
33332
Country
USA

4. FEI Number
65-0977164
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SOUTHEAST BUSINESS SOLUTIONS, INC.
531 NW 132 TERR.
PLANTATION FL 33325

7. Name and Address of New Registered Agent
Name
Kristopher Parrillo
Street Address (P.O. Box Number is Not Acceptable)
6430 SW 188 Ave
City
Davie FL 33332 FL Zip Code
33332

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

4/11/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PARRILLO, KRISTOPHER 16810 HARBOR COURT WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARRILLO, ANTHONY 16810 HARBOR COURT WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6430 SW 188 Ave Davie FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6430 SW 188 Ave Davie FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 (954) 385-1115

Date

Daytime Phone #

CR2E034 (10/00)