

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013157

1. Entity Name

PCF Nightclub Enterprises, inc.

Principal Place of Business

Miami Beach, FLORIDA
USA

Mailing Address

619 Washington Ave
Miami Beach FL
33139

2. Principal Place of Business

Miami Beach, FLORIDA

3. Mailing Address

619 Washington Ave

Suite, Apt. #, etc.

619 Washington Ave

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip 33139

Country USA

Zip 33139

Country U.S.A.

4. FEI Number

65-0982442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Duffy, Craig
1925 Washington Ave STE 17
Miami, FL 33139

7. Name and Address of New Registered Agent

Name - Craig Duffy
Street Address (P.O. Box Number is Not Acceptable)
619 Washington Ave
City Miami Beach, FL Zip Code 33139

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

PERCI PIETRO  Dir 10/01/01

Signature, typed or printed name of registered agent and title if applicable.

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
Director	Duffy, Craig	1925 Washington Ave Ste 17	Miami, FL 33139	<input checked="" type="checkbox"/>
Director	VRIBANTI, ANTHONY	1925 Washington Ave Ste 17	Miami, FL 33139	<input checked="" type="checkbox"/>
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	Director	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Craig Duffy		
STREET ADDRESS	619 Washington Ave		
CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE	Director	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PERCI PIETRO		
STREET ADDRESS	619 Washington Ave		
CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE	Director	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GUS Daaboul		
STREET ADDRESS	619 Washington Ave		
CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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)(f), 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:

PERCI PIETRO 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/01/2057532-8989

Date

Daytime Phone #

CR2E034 (11/00)

October 1,2001

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dir Sir or Madam,

After speaking with one of your representatives, the following is payment for re-activation of PCF Nightclub Enterprises inc. Florida corporation Document # P00000013157. It seems as if there is a large amount of inaccurate information in our file and due to this we have not received the annual invoice your office sends out. Please update your records with the following information so we will be sure to receive the appropriate information in the future.

Feel free to contact me with any questions you might have. 305.532.8989.

Thank you,

A handwritten signature in black ink, appearing to read 'Perci Pietro', with a stylized flourish at the end.

Perci Pietro
Director