FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013157

1. Entity Name
PCF NIGHTCLUB ENTERPRISES, INC.

Principal Place of Business	Mailing Address
MIAMI BEACH, FLORIDA MIAMI BEACH, FL 33139	619 WASHINGTON AVE MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
619 WASHINGTON AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State
Zip: 33139 Country: USA	Zip Country: USA

☑ CHECK HERE IF MAKING CHANGES

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
619 WASHINGTON AVE
MIAMI BEACH, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☑ Delete	TITLE	P/D	☐ Change ☑ Addition
NAME	DUFFY, CRAIG		NAME	DUFFY, CRAIG	
STREET ADDRESS	619 WASHINGTON AVE		STREET ADDRESS	619 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	☑ Delete	TITLE	V/D	☐ Change ☑ Addition
NAME	PIETRO, PERCI		NAME	PIETRO, PERCI	
STREET ADDRESS	619 WASHINGTON AVE		STREET ADDRESS	619 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 607, 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: [signature], V/D 04/01/03 305-984-4700

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

PERCI PIETRO

4/14