

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90011 047 ***150.00

DOCUMENT # P00000015898

1. Entity Name

PINE ISLAND VENTURES, INC.

Principal Place of Business

**1610 SOUTHERN BLVD.
WEST PALM BEACH FL 33406**

Mailing Address

**1610 SOUTHERN BLVD.
WEST PALM BEACH FL 33406**

2. Principal Place of Business

1324 South Main St.

Suite, Apt. #, etc.

Belle Glade FL

City & State

33430

Zip

Country

U.S.A.

3. Mailing Address

1324 S. Main St

Suite, Apt. #, etc.

Belle Glade FL

City & State

33430

Zip

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0981878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, ALLAN L
1610 SOUTHERN BLVD.
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name **Calvin D. Alston**

Street Address (P.O. Box Number is Not Acceptable)

1324 South Main St

Belle Glade FL 33430

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

Calvin D. Alston

Calvin D. Alston

3/21/01

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 **PD** ☒ Delete
NAME **HOFFMAN, ALLAN L**
STREET ADDRESS **1610 SOUTHERN BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☐ Change ☒ Addition
NAME **Calvin D. Alston**
STREET ADDRESS **1324 S. Main St.**
CITY-ST-ZIP **Belle Glade FL 33430**

TITLE **VPD** ☐ Change ☒ Addition
NAME **H.E. Nih**
STREET ADDRESS **1324 S. Main St**
CITY-ST-ZIP **Belle Glade FL 33430**

TITLE **S.** ☐ Change ☒ Addition
NAME **mona L. Miller**
STREET ADDRESS **1324 S. Main St**
CITY-ST-ZIP **Belle Glade FL 33430**

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

TITLE ☐ Change ☐ 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)(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:

Calvin D. Alston

Calvin D. Alston

Date

Daytime Phone #

3/21/01 561-996-4524

CR2E034 (10/00)