

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90063 012 \*\*\*150.00

DOCUMENT # P00000019169

1. Entity Name

P. U. INTERNATIONAL, INC. ✓

Principal Place of Business

Mailing Address

670 NW 85<sup>th</sup> PL  
 Suite 201  
 Miami, FL 33126

9050 Pines Blvd  
 Ste 450  
 Pembroke Pines, FL

2. Principal Place of Business

3. Mailing Address

670 NW 85<sup>th</sup> PL

9050 Pines Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

450

City & State

City & State

Miami, FLORIDA

Pembroke Pines, FL

4. FEI Number

65-0999717

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**C0049239**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Don Gonzalez, Esq  
 9050 Pines Blvd. Ste 450  
 Pembroke Pines, FL 33024

Name DON GONZALEZ

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

9050 Pines Blvd.

Ste 450

City Pembroke Pines

FL

Zip Code 33024

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.

(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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
 NAME NOVA, JOSE Ramon  
 STREET ADDRESS 9050 Pines Blvd, Ste 450  
 CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S...  Delete  
 NAME Valenzuela, Marleny  
 STREET ADDRESS 9050 Pines Blvd. Ste 450  
 CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 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: Jose Ramon Nova

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.01

Date

Daytime Phone #