

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019169

1. Entity Name

P. U. INTERNATIONAL, INC.

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

04-19-2001 90063 012 ***150.00

Principal Place of Business

670 NW 85th PL
Suite 201
Miami, FL 33126

Mailing Address

9050 Pines Blvd
Ste 450
Pembroke Pines, FL

2. Principal Place of Business

670 NW 85th PL

3. Mailing Address

9050 Pines Blvd

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

450

City & State

Miami, FLORIDA

City & State

Pembroke Pines, FL

4. FEI Number

65-0999717

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33024

Country

USA

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

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

7. Name and Address of New Registered Agent

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. ☐
(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	P	<input type="checkbox"/> Delete
NAME	NOVA, JOSE Ramon	
STREET ADDRESS	9050 Pines Blvd, Ste 450	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	S...	<input type="checkbox"/> Delete
NAME	Valenzuela, Marleny	
STREET ADDRESS	9050 Pines Blvd, Ste 450	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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)(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

4.12.01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #