

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90079 046 ***150.00

DOCUMENT # P00000030668

1. Entity Name,

PRC FLORIDA, INC.

Principal Place of Business

Mailing Address

**8251 NW 48 STREET
LAUDERHILL FL 33351**

**8251 NW 48 STREET
LAUDERHILL FL 33351**

2. Principal Place of Business

6095 NW 8th St.

3. Mailing Address

PO Box 100907

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212

City & State

MARGATE FL

City & State

FT LAUDERDALE

Zip

33063

Country

USA

Zip

33310

Country

USA

4. FEI Number

650994042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONTRINO, PETER

**~~8251 NW 48 STREET~~
~~LAUDERHILL FL 33351~~**

Name

Street Address (P.O. Box Numbers Not Accepted)

6095 NW 8th St. #212

City

MARGATE FL 33063

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CONTRINO, RITA**
CITY-ST-ZIP **~~8251 NW 48 STREET~~
~~LAUDERHILL FL 33351~~**

TITLE ☒ Change ☐ Addition
NAME **6095 NW 8th St #212**
STREET ADDRESS **MARGATE FL. 33063**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **PETER CONTRINO**
CITY-ST-ZIP **6095 NW 8th St.**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **PETER CONTRINO**
CITY-ST-ZIP **6095 NW 8th St. #212**
MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER CONTRINO

Date

4/27/01

Daytime Phone #

9548959019

CR2E034 (10/00)