

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040156

1. Entity Name

PGC ENTERPRISES, INC.

Principal Place of Business
208 SOUTHWEST 2ND STREET
FORT LAUDERDALE FL 33301

Mailing Address
208 SOUTHWEST 2ND STREET
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

1810 SABEL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

Zip

Country

Zip

Country

33442

4. FEI Number

65-1001261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name PIGNONE, ROBERT

Street Address (P.O. Box Number is Not Acceptable)
8580 WEST SR 84

City DAVIE

FL

Zip Code 33324

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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 PSTD
NAME CECIARELLI, PIERGIORGIO
STREET ADDRESS 208 SOUTHWEST 2ND STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VIT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE PIGNONE, ROBERT
NAME
STREET ADDRESS 8580 WEST SR 84
CITY-ST-ZIP DAVIE FL 33324 ☒ Change ☒ Addition

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

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

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

C0063114



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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