

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90636 035 ***150.00

DOCUMENT # P00000044226

1. Entity Name
PMG CONSULTING, INC.

Principal Place of Business

85 GULFSTREAM RD. UNIT 212
DANIA FL 33004

Mailing Address

85 GULFSTREAM RD. UNIT 212
DANIA FL 33004

2. Principal Place of Business

215 N 10th Avenue
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 302
 Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Dania, FL

Zip
33019

Country
USA

Zip
33004

Country
USA

4. FEI Number

65-1002489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGO, MICHELE

85 GULFSTREAM RD, UNIT 212
DANIA FL 33004

7. Name and Address of New Registered Agent

Name Michele Grego

Street Address (P.O. Box Numbers Not Acceptable)
215 N 10th Avenue

City Hollywood

FL

Zip Code 33019

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

Michele Grego

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

(NOTE: Registered Agent signature required when reinstating)

7/10/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PO** ☐ Delete
NAME **GREGO, MICHELE**
STREET ADDRESS **85 GULFSTREAM RD, UNIT 212**
CITY-ST-ZIP **DANIA FL 33004**

TITLE **STD** ☐ Delete
NAME **GREGO, PAUL**
STREET ADDRESS **85 GULFSTREAM RD, UNIT 212**
CITY-ST-ZIP **DANIA FL 33004**

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

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

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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:

Michele Grego

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017628

CR2E034 (5/01)