

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90011 017 ***558.75

DOCUMENT # P00000045922

1. Entity Name
PBC FINANCIAL CORPORATION

Principal Place of Business

**9050 PINES BLVD.
 SUITE 205
 PEMBROKE PINES FL 33024**

Mailing Address

**9050 PINES BLVD.
 SUITE 205
 PEMBROKE PINES FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

65-1006182

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

**SHERMAN, CRAIG B. ESQ.
 1000 CORPORATE DRIVE
 SUITE 310
 FT. LAUDERDALE FL 33334**

Name

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

City

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 \$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 **D** ☐ Delete

NAME **GAINES, JOANNE**
 STREET ADDRESS **11440 LAKESHORE DR**
 CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **D** ☐ Delete

NAME **TAMBOLES, CAROLYN**
 STREET ADDRESS **424 LAKEVIEW DRIVE, #201**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete

NAME **GOODMAN, PARRY**
 STREET ADDRESS **2905 LUCKY ROAD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33331**

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
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-01

Date

954-442-1774

Daytime Phone #

CR2E034 (5/01)