

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90967 032 ***150.00

DOCUMENT # P00000056767

1. Entity Name

PDG INSTALLATION, INC

DO NOT WRITE IN THIS SPACE

80056869

2. Principal Place of Business

1101 SW 141 Ave

Suite, Apt. #, etc.

3. Mailing Address

1101 SW 141 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

Zip

33184

Country

U.S.A.

City & State

Miami FL

Zip

33184

Country

U.S.A.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Di Giacomo Pablo**

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

1101 SW 141 Ave.

City

Miami FL

FL

Zip Code

33184

**DO NOT WRITE
IN THIS SPACE**

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 **Pablo Di Giacomo President**

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

(NOTE: Registered Agent signature required when reinstating)

3-18-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P Di Giacomo Pablo 1101 SW. 141 Ave. Miami FL. 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Di Giacomo Concepcion 1101 SW 141 Ave Miami FL 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pablo Di Giacomo President

3-18-02

Date

Daytime Phone #

(305)

221-8556

CR2E034B (12/01)