

To:

From: Spiegel &amp; Utrera

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90380 035 \*\*\*150.00

DOCUMENT #P 00000064520

1. Entity Name

P &amp; M Investment Group Inc

Principal Place of Business

Mailing Address

701 Brickell Key #1703  
Miami, FL 33131

708966

2. Principal Place of Business

3. Mailing Address

1928 S. OCEAN DR 1928 S. OCEAN DR  
Suite, Apt., etc. Suite, Apt., etc.  
405 405

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

Hallandale, FL Hallandale, FL  
Zip Country Zip Country  
33009 BROWARD 33009 BROWARD

4. FEIN Number

651024314

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

Name MARIA REGAN

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

1928 S. OCEAN DR

#405

City Hallandale

FL

Zip Code 33009

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

MARIA REGAN

4-27-01

Signature typed or printed name of registered agent and date it took effect.

(NOTE: Registered Agent signature required when remaining)

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 \$100.00

And MAY 1, 2001 Fee will be \$100.00  
Make Check Payable to Department of State10. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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 AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Maria T. Greco-Regan

4-27 954443183

Date

Daytime Phone