

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90545 003 ***150.00

DOCUMENT # P00000064883

1. Entity Name
PBG ENTERPRISES, INC.



Principal Place of Business
3562 NW 50TH ST
MIAMI FL 33142

Mailing Address
3562 NW 50TH ST
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1046041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARETAS, GILBERTO
6821 SW 32ND TERRACE
MIAMI FL 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE * D ☐ Delete
NAME PARETA, GILBERTO
STREET ADDRESS 6821 SW 32ND TERRACE
CITY-ST-ZIP MIAMI FL 33155

TITLE * J.P. ☒ Change ☐ Addition
NAME PARETAS, GILBERTO
STREET ADDRESS 4095 SW 97TH AVE.-
CITY-ST-ZIP MIAMI FL 33165

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS ADYS PARETAS-
CITY-ST-ZIP 4095 SW 97TH AVE
MIAMI, FL 33165

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)