

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071017

1. Entity Name

POSITIVE INPUT AND MANAGEMENT, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90059 042 ***150.00

Principal Place of Business

1250 W AVENUE. 7A
MIAMI BEACH FL 33139

Mailing Address

1250 W AVENUE. 7A
MIAMI BEACH FL 33139

2. Principal Place of Business

1881 Washington Avenue
Suite, Apt. #, etc.
14C

3. Mailing Address

1881 Washington Ave.
Suite, Apt. #, etc.
14C

City & State

Miami Beach FL

City & State

Miami Beach, FL

4. FEI Number

65-1024786

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

CARROLL, TOSCA F
1881 WASHINGTON AVE, 14C
MIAMI BEACH FL 33139

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~ ☐ Delete
NAME ~~Tosca F. Carroll~~
STREET ADDRESS ~~1881 Washington Avenue~~
CITY-ST-ZIP ~~Miami Beach, FL 33139~~

TITLE President ☐ Change ☐ Addition
NAME Tosca F. Carroll
STREET ADDRESS 1881 Washington Avenue 14C
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ~~President~~ ☐ Delete
NAME ~~Tosca F. Carroll~~
STREET ADDRESS ~~1881 Washington Avenue~~
CITY-ST-ZIP ~~Miami Beach, FL 33139~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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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:

Tosca Carroll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 April 01

Date

(305) 576.3767

Daytime Phone #

CR2E034 (10/00)