FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P 0 0 0 0 0 0 73 176				05-02-2002 90060 020 ***150.00	
1. Entity Name PFG PROPERTIES INC					
			J		
	DO NOT WRITE	IN THIS SF	PACE	10	
2. Principal	Place of Business	3. Mailing Address	·		
7700 N. LENDALL ORIVE 7700 NKEN			DALL PRIVE		
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
l 16.50 — .		City & State M L A M l	FL	4. FEI Number 65-1118554	Applied For
- Zip - ろ31	Country	Zip Fap 33156	Country O'S M-		\$8.75 Additional
<u></u>	30 037	(10 33 30	0211	7. Name and Address of Current Registere	Fee Required
DO NOT WRITE			Name PATRICK GRIDDON		
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
4	IN THIS SPACE		7700 NORTH KENDALL DEIDE SUTTE 503		ne 505
- 7	1		City MI A		Zip Code 33/56
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent an	d lab if a straight			
9. This corp	oration is eligible to satisfy its Intangible	The state of the s	Registered Agent signature requ		
Tax filing requirement and elects to do so. (See criteria on back) 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 D	IRECTORS	TITLE		
NAME	DATELL CALBRON	and there	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	7700 N. KENDAU MIAMI FL 39	APIVE A 303	STREET ADDRESS CITY-ST-ZIP	•	
TOTLE			TITLE	>1	
NAME STREET ADDRESS			NAME STREET ADDRESS		{
CITY-ST-ZIP			CITY-ST-ZIP	- W	
NAME	•		NAME NAME	A CONTROL OF THE SECOND OF THE	والمهجو المهودات والمناوات والما
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	DO NOT WRI	TE 🕴
TITLE			TITLE	IN THIS SPACE	
STREET ADDRESS			NAME STREET ADDRESS	IN THIS SPACE	,
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME			TITLE .		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	2	
TITLE	· · · · · · · · · · · · · · · · · · ·		THILE		
NAME STREET ADDRESS			NAME: STREET ADDRESS		
CITY-ST-ZIP	actifus that the info		CITY-ST-ZIP		
indicated (ermy macine iniurmation supplied with thi On this record or supplemental record is tri	s raing does not qualify for the	exemption stated in S	ection 119.07(3)(i), Florida Statutes, I further cert	ify that the information

13. Thereby 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:

Patruk

OF PRINTED HAME OF SIGNING

PATRICK GRUBBON

2 4/23/0

305-279-6622

Daytime Phone #