

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073974

1. Entity Name  
**PORFIN, INC.**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90066 027 \*\*\*150.00

Principal Place of Business

P.O. BOX 527844  
MIAMI FL 33152

Mailing Address

P.O. BOX 527844  
MIAMI FL 33152

2. Principal Place of Business

**7795 W FLAGLER ST**

Suite, Apt. #, etc.  
**# 58**

City & State  
**MIAMI, FL**

Zip  
**33144**

Country  
**U.S.A.**

3. Mailing Address

**7795 W FLAGLER ST.**

Suite, Apt. #, etc.  
**# 58**

City & State  
**MIAMI, FL**

Zip  
**33144**

Country  
**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1034541**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GAMERBERG, JUDITH**  
**8720 NW 33RD ST, #111**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **GAMERBERG, JUDITH**

Street Address (P.O. Box Number is Not Acceptable)  
**7795 W FLAGLER ST # 58**

City **MIAMI**

**FL**

Zip Code  
**33144**

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

*Judith Gamerberg*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/27/01**

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

TITLE **D** ☐ Delete  
NAME **GAMERBERG, JUDITH**  
STREET ADDRESS **P.O. BOX 527844**  
CITY-ST-ZIP **MIAMI FL 33152**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **GAMERBERG, JUDITH** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7795 W FLAGLER ST # 58**  
CITY-ST-ZIP **MIAMI, FL 33144**

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

TITLE ☐ Change ☐ Addition  
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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: \*

*Judith Gamerberg*

**JUDITH GAMERBERG**

**04/27/01**

**(305) 629-9844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)