

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087747

1. Entity Name
P. M. & TEAKS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90205 001 ***150.00
05-17-2001 90205 002 *****8.75

Principal Place of Business
~~725 N.E. 2ND AVE.~~ **731 N.E. 2ND AVE.**
FT. LAUDERDALE FL 33304 **FT. LAUD. FLA.**
33304

Mailing Address ~~CHANG TAO~~
~~725 N.E. 2ND AVE.~~ **748 FLAGLER DR.**
FT. LAUDERDALE FL 33304 **FT. LAUD FLA.**
33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
731 N.E. 2ND AVE

3. Mailing Address
748 FLAGLER DR.

Suite, Apt. #, etc.
WARE-HOUSE-STORAGE

Suite, Apt. #, etc.
OFFICE

City & State
FT. LAUD. FLA.

City & State
FT. LAUD FLA.

Zip
33304

Country
U.S.A.

Zip
33304

Country
U.S.A.

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAUER, MICHAEL E
725 N.E. 2ND AVE.
FT. LAUDERDALE FL 33304

Current too
731 N.E. 2ND AVE
FT. LAUD 33304

7. Name and Address of New Registered Agent

Name **SAME**

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

City **FT. LAUD.** **FL** Zip Code **33304**

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 *MS* **April 25-01**
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

TITLE
NAME **PSTD**
STREET ADDRESS **MOLS, PATRICK**
CITY-ST-ZIP **725 N.E. 2ND AVE.**
FT. LAUDERDALE FL 33304

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PSTD - PRES.**
STREET ADDRESS **PATRICK MOLS**
CITY-ST-ZIP **748 FLAGLER DR.**
FT. LAUD. FLA 33304

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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: **PATRICK J. MOLS** *MS* **April 25-2001** **463-7849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

0213668