

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000091827**

1. Entity Name

PROPERTY IN A POCKET, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90061 014 ***158.75

Principal Place of Business

Mailing Address

**5720 SW 198TH TERR
FT LAUDERDALE FL 33332****5720 SW 198TH TERR
FT LAUDERDALE FL 33332**

2. Principal Place of Business

21011 JOHNSON STREET

3. Mailing Address

21011 JOHNSON STREET

Suite, Apt. #, etc.

SUITE #108

Suite, Apt. #, etc.

SUITE #108

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1048503

Applied For

Not Applicable

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

**HERBERT, CURTIS J
10081 PINES BLVD, STE E
PEMBROKE PINES FL 33024**

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

1-29-019. 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	D	<input type="checkbox"/> Delete
NAME	MEDINA, OSVALDO	
STREET ADDRESS	5720 SW 198TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, BARBARA	
STREET ADDRESS	5720 SW 198TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)