

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000115285**1. Entity Name
PEOPLE FIRST INTERNATIONAL INC.Principal Place of Business
4790 WEST COMMERCIAL BLVD

TAMARAC FL 33317

Mailing Address
4790 WEST COMMERCIAL BLVD

TAMARAC FL 333172. Principal Place of Business
4790 WEST COMMERCIAL BLVD

3. Mailing Address
4790 WEST COMMERCIAL BLVD

Suite, Apt. #, etc.

City & State
TAMARAC FL

City & State
TAMARAC FLZip Country
33319

Zip Country
333194. FEI Number
65-1066031

Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BURNSIDE HARRIETTE**
4790 WEST COMMERCIAL BLVD

TAMARAC FL 33317**7. Name and Address of New Registered Agent**Name
BURNSIDE HARRIETTE
Street Address (P.O. Box Number is Not Acceptable)
4790 WEST COMMERCIAL BLVD

City
TAMARAC FL Zip Code
33319

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 **HARRIETTE BURNSIDE****04/30/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNSIDE CHARLES Y	
STREET ADDRESS	4790 WEST COMMERCIAL BLVD	
CITY-ST-ZIP	TAMARAC FL 33317	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROBINSON AUDREY Y	
STREET ADDRESS	4790 WEST COMMERCIAL BLVD	
CITY-ST-ZIP	TAMARAC FL 33317	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BURNSIDE HARRIETTE	
STREET ADDRESS	4790 WEST COMMERCIAL BLVD	
CITY-ST-ZIP	TAMARAC FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNSIDE CHARLES H		
STREET ADDRESS	4790 WEST COMMERCIAL BLVD		
CITY-ST-ZIP	TAMARAC FL 33319		
TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON AUDREY Y		
STREET ADDRESS	4790 WEST COMMERCIAL BLVD		
CITY-ST-ZIP	TAMARAC FL 33319		
TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNSIDE HARRIETTE		
STREET ADDRESS	4790 WEST COMMERCIAL BLVD		
CITY-ST-ZIP	TAMARAC FL 33319		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: Harriette Burnside

PTD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)