FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91524 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007596

1. Entity Name

PG USA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
611 SE 13 ST	18000 NW 2 AVE
Suite, Apt. #, etc. 108	Suite, Apt. #, etc.
City & State DANIA BEACH FL	City & State MIAMI FL
Zip 33004 Country	Zip 33169 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1070618 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PETER S. KENYERES

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

611 SE 13 ST APT 108

City DANIA BEACH 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 _____ 1-23-02

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) ☐

January 1st - May 1, Fee is $150.00
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 DIRECTORS

TITLE	DIRECTOR
NAME	CSOMA, JOZSEFNE
STREET ADDRESS	1040 SE 7TH CT
CITY-ST-ZIP	DANIA BEACH FL 33004
TITLE	DIRECTOR
NAME	KENYERES, PETER
STREET ADDRESS	611 SE 13 ST.
CITY-ST-ZIP	DANIA BEACH FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-23-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #