

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90448 040 ***150.00

DOCUMENT # **P01000068184** ✓
1. Entity Name **PUBLICON GROUP, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1820 N.E. 163 ST
Suite, Apt. #, etc.
307
City & State
NORTH MIAMI BEACH
Zip
33162 Country
MIAMI-DADE

3. Mailing Address
1820 N.E. 163 ST
Suite, Apt. #, etc.
307
City & State
NORTH MIAMI BEACH
Zip
33162 Country
MIAMI-DADE

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number ☒ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name **JEAN GARDY, ADY**
Street Address (P.O. Box Number is Not Acceptable)
685 N.E. 126 ST,
City **NORTH MIAMI BEACH FL** Zip Code **33161**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - 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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JEAN GARDY, ADY 685 N.E. 126 ST, NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECURE TARY JEAN GARDY, ADY 685 N.E. 126 ST NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER JEAN GARDY, ADY 685 N.E. 126 ST NORTH MIAMI, FL 33161
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/02 305-940-3530

CR2E034B (12/01)