1115102 (954) 412-7047
Date Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100088016 1. Entity Name P & M SERVICES, INC.					Secretary of State 02-04-2002 90027 023 ***150.00					
Principal Place of Business 120 BONAVENTURE BLVD #201 WESTON FL 33326		Mailing Address 120 BONAVENTURE BLVD #201 WESTON FL 33326								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt	#, etc.	Suite, Apt. #, etc.			·	DO NOT-WRI	TE-IN-THIS SPA	GE		
City & State		City & State		4.	FEI Numb		<u></u>		plied For t Applicable]
Zip	Country	Zip	Country	5.		of Status Desired	□ \$8	.75 Addi		1
	6. Name and Address of Current F	legistered Agent	1	7.	Name and	Address of New F				1
			Name			0000	Τ	= G]
	EL CORRAL, JOSE G		Stree	t Address (P.O.	Box Numb	er is Not Acceptable	<u>, Jos</u>	<u> </u>		1
	IVAR, & ASSOCIATES PA					·				-
9900 STIRLING ROAD SUITE 222			8	180 N	ω c	364H QL				╛
HOLLYWOOD FL 33024			City	MIAM	, '		FL	Zip Code	عا عا عاد	
8. The above	named entity submits this statement for	the purpose of changing it				th, in the State of Fl	orida.			1
SIGNATURE .	Signature, typed or printed free of registered agent a	nd title if applicable. (NO	TE: Registered Agent sig	nature required wher	n reinstating)		1/15/0	2		
	pration is eligible to satisfy its Intangible requirement and elects to do so.		/!!! FEE IS \$15 002 Fee will be		I .	ection Campaign Filust Fund Contribution	. –		May Be	1
(See crite	ría on back)	Make Check Paya]
11.	OFFICERS AND I		12.		ADDITIONS,	CHANGES TO OFF				d d∈
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PINEDA BOSCH, RAMON F 120 BONAVENTURE BLVD #201 WESTON FL 33326	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	es			_] Change	Addition	F034 (9/01
TITLE	VSD	□ Delete	TITLE	150			ĺ.	Change	Addition	18
NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ DE PINEDA , VARIELA 120 BONAVENTURE BLVD #201 WESTON FL 33326		NAME STREET ADDRES CITY-ST-ZIP		TON.	DE PINE ENTURE FL 33		420) T.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME - STREET ADDRES CITY-ST-ZIP	D River \$ 4500	De t	Mesias, 1 Street CO 80	3LLHCA #319	l Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			1) Change	☐ Addition	
TITLE NAME "STREET"ADDRESS"		☐ Delete	TITLE NAME STREET ADDRES					Change	Addition]
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES	ss		N-1		Change	☐ Addition	1
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that wered to execute this repor	my signature shart nt as required by (ıll have the sam	e legal effe	ct as if made under	oath; that I am a	an officer o	or director	-

SIGNATURE AND STEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR