

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amendment
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 10 PM 4:01

DOCUMENT # P01090121348

1. Entity Name

PC Group Acquisition II, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

145 E 49 ST

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah FL 2

City & State

4. FEI Number

26-0005837

Applied For

Not Applicable

Zip

33013

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Morika Hernandez

Street Address (P.O. Box Number's Not Acceptable)

145 E 49 ST

#

City

Hialeah

FL

Zip Code

33013

**DO NOT WRITE
IN THIS SPACE**

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 DPTS
NAME Ileana Perez delete
STREET ADDRESS 145 E 49 ST
CITY-ST-ZIP Hialeah, FL 33013

TITLE CEO
NAME Ileana Perez delete
STREET ADDRESS 145 E 49 ST
CITY-ST-ZIP Hialeah, FL 33013

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TITLE
NAME
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TITLE DPTS
NAME Carlos Lidsky Add
STREET ADDRESS 145 E 49 ST
CITY-ST-ZIP Hialeah FL 33013

TITLE CEO
NAME Carlos Lidsky Add
STREET ADDRESS 145 E 49 ST
CITY-ST-ZIP Hialeah FL 33013

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*****61.00 *****61.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (305) 818-9112

Date

Daytime Phone #

CR2E034B (12/01)

5/20/02