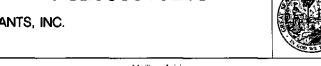
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P02000013218

1. Entity Name PBAC CONSULTANTS, INC.





FILED May 02, 2003 8:00 am §
Secretary of State

05-02-2003 90242 035 ***150.00

4816 NW 2ND AV BOCA RATON FL	ENUE	Mailing Address 4816 NW 2ND AVENUE BOCA RATON FL 33431									
2. Principal Place of Business		3. Mailing Address							io \$111 0 1100†		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State								pplied For ot Applicable	
Zip	Country	Zip Cour		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Na	me and Address of New Regist	ered Ag	ent		
BAYANONI VAIOLL VATUEDINE				Na	me					ļ	
IWANOW KNOLL, KATHERINE 4816 NW 2ND AVENUE			Street Ac			ess (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33431											
BOOK HATO	11 2 00401			Cit	у			FL	Zip Code	e	
8. The above na	med entity submits this statement for	or the purp	ose of changing its re	aistered off	ce or registere	d agent	t, or both, in the State of Florida.		l niliar with.	and accept	
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
FII F	NOW!!! FEE IS \$150.00										
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financin Trust Fund Contribution.	g 🗆		0 May Be I to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ADDI	TIONS/CHANGES TO OFFICERS	AND D	IRECTOR!	S IN 11	
TITLE	res, Sect	,	☐ Delete	TITLE					Change	☐ Addition	
NAME T ADDRESS	Knoll, Gart	_	 .	NAME							
CITY-ST-ZIP	Pres, Sect Knoll, Gart 351 Club Gacke 109	Boca	Raten 33487	STREET ADD CITY-ST-ZIF							
TITLE			Delete /	TITLE					Change	☐ Addition	
NAME				NAME 070557 + DO						}	
STREET ADDRESS				STREET ADD CITY-ST-ZIF	- 1			•			
TITLE			☐ Delete	TITLE					Change	Addition_	
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP				STREET ADDI							
TITLE			☐ Delete	TITLE					Change	Addition	
NAME			C Detete	NAME					_ Change	L Acquion	
STREET ADDRESS				STREET ADDI	RESS						
CITY-ST-ZIP				CITY-ST-ZIF	·	_,					
TITLE			Delete :	TITLE					Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDI	DECC					Ī	
CITY-ST-ZIP				CITY-ST-ZIF							
TITLE			Delete	TITLE			-,] Change	☐ Addition	
NAME				NAME				_			
STREET ADDRESS				STREET ADDI							
CITY-ST-ZIP	full but the information and the second	s Alaba 1911		CITY-ST-ZIP		at	2.07(2)(2) Florida Otal		41-14	-(aa-t'	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: