FILED
Jun 30, 2003 8:00 am
Secretary of State

01-10-2003 90027 042 ***150.00
06-09-2003 90118 035 ****61.25
06-30-2003 90065 046 ****88.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000021233

1. Entity Name
PCMB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6043 KIMBERLY BLVD.
Suite, Apt. #, etc.
SUITE J AND K
City & State
NORTH LAUDERDALE, FL.
Zip
33068
Country
USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0403063
☐ 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
ROBERT HAUPTMAN
Street Address (P.O. Box Number is Not Acceptable)
6043 KIMBERLY BLVD J AND K
City
NORTH LAUDERDALE FL 33068

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: [signature] 4-21-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE: January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERT HAUPTMAN
STREET ADDRESS	6043 KIMBERLY BLVD. J&K
CITY-ST-ZIP	NORTHLAUDERDALE, FL. 33068
TITLE	
NAME	MICHAEL TRUPIANO
STREET ADDRESS	6043 KIMBERLY BLVD. STE. J&K
CITY-ST-ZIP	NO. LAUDERDALE, FL. 33068
TITLE	
NAME	
STREET ADDRESS	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: [signature] 4-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #