2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000056008

1. Entity Name

PGA INTERNATIONAL SERVICE CORP.



Mar 17, 2003 8:00 am & Secretary of State 03-17-2003 90086 026 ***150.00

FILED

Principal Place of Business

150 BONAVENTURE RIVD #206

Mailing Address

150 RONAVENTURE RIVD #206

WESTON FL	33326		WESTON FL 33326						1 (0 P) (0 D)	II Br ist Ca l a i C ti	i i i i i i i i i i i i i i i i i i i	141 (1) (1) (1) (1)	
- 51 1 15			I										
2. Principal Place of Business ** 201 Racoust Club Road			* 201 Rowvel Club Road							(1010: 1511 150:		
Suite, Apt. #, etc. # N 406			Suite, Apt. #, etc. 井 N 406				CHECK HERE IF MAKING CHANGES						
WESTON, FL			City & State WESTON, FL								_ 	plied For t Applicable	}
33326	3	Country U.S.A	Zip 333	26	Coun	try S.A.		[Certificate of Status Desired		8.75 Add e Require		
	6. Name	Registered Agent				7. Name and Address of New Registered Agent							
GARCIA,	VACMIM I				Name	GARCIA, YAZMIN L							
•	AVENTURE				Street A	Street Address (P.O. Box Number is Not Acceptable) * 201 RACQUET CLUB Road # N 4 06							
	FL 33326	DLVU. #200				- 20	77 6	(1 7/C	COURT CLUB K	3214 77	14.3.0	<i></i>	1
:						City	NES	TO1	N	FL	Zip Code		-
			the purpo	ose of changing its r	egistere				ent, or both, in the State of Flo	rida. I am far			1
the obligat	tions of regist	ered agent.				`	~	~~	× 5.00				
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if appli	icable. (NOTE:	Registere	d Agent signati	ure required	when rein	nstating)	DATE			
		II #FEE IS \$150.00			t.	ت کشت			9. Election Campaign Fin	ancing	\$5.0	0 May Be	1
		03 Fee will be \$550.00 p Florida Department of	State						Trust Fund Contribution	ı.		to Fees	
10.		OFFICERS AND D	DIRECTOR	RS	11.			ADE	DITIONS/CHANGES TO OFFI	CERS AND E	IRECTORS	S IN 11	_ [
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NAME GARCIA, YASMIN I STREET ADDRESS 150 BONAVENTURE BLVD. #206					NAM	E Et adoress	CIAK	CIA, YAZHIN I RACQUET CLUB ROAD # N 406					15
CITY-ST-ZIP	WESTON					-ST-ZIP	WE.	5TO	N, FL 33326	>			100
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12. I hereby certify that the information supplied with this filling 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 of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP