

01 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	P02000064104
1. Entity Name	PMP GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1108 NW 9 AVENUE Suite, Apt. #, etc.	3. Mailing Address 1108 NW 9 AVENUE Suite, Apt. #, etc.
City & State FORT LAUDERDALE, FL Zip 33311	City & State FORT LAUDERDALE, FL Zip FL
Country USA	Country USA

DO NOT WRITE IN THIS SPACE

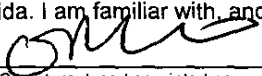
4. FEI Number 82-0548097	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name OLVA POLO
Street Address (P.O. Box Number is Not Acceptable) 1108 NW 9 AVENUE
City FORT LAUDERDALE
State FL
Zip Code 33311

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  **OLVA POLO** **4/14/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLVA POLO 1108 NW 9 AVENUE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERRE R. JABOUIN 7421 SW 14 CT NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELIX DENIS 931 SW 76 AVE NORTH LAUDERDALE, FL 33068
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300017831143 05/01/03--01058--021 **158.75
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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:  **OLVA POLO** **4/14/2003** **(954) 523-0767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #