

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000073236

1. Entity Name

PO-CONNOR'S, INC.

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91516 027 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9695 NW 79TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1263 NE 179TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH GARDENS FL

Zip
33016

Country
USA

City & State
N. MIAMI BEACH FL

Zip
33162

Country
USA

4. FEI Number
141838073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Registered Agent

Name
PATRICK H O'CONNOR

Street Address (P.O. Box Number is Not Acceptable)

9695 NW 79TH AVENUE

City
HIALEAH GARDENS

FL

Zip Code
33016

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

PATRICK H. O'CONNOR Pres.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

4-25-03

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PATRICK H. O'CONNOR
President
1263 NE 179TH STREET
N. MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *PATRICK H. O'CONNOR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-03

Daytime Phone #

305 231 1303

786 213 2563