

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90141 032 ***150.00

DOCUMENT # P02000086096

1. Entity Name
P.G. SONIC VOICE CORPORATION



Principal Place of Business
169 E. FLAGLER ST., STE. #1534
PMB#8086
MIAMI FL 33131

Mailing Address
169 E. FLAGLER ST., STE. #1534
PMB#8086
MIAMI FL 33131

2. Principal Place of Business

961 Dove Plum Court

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip Country

Zip

Country

33019

Hollywood

4. FEI Number

06-1673704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAZZOTTI, PABLO
169 E. FLAGLER ST., STE. #1534
PMB#8086
MIAMI FL 33131

Name

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

961 Dove Plum Court

City

Hollywood

FL

Zip Code

33019

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **GAZZOTTI, PABLO**
STREET ADDRESS **169 E. FLAGLER ST., STE. #1534**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME **961 Dove Plum Court**
STREET ADDRESS **Hollywood FL 33019**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GAZZOTTI, PABLO**
STREET ADDRESS **169 E. FLAGLER ST., STE. #1534**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME **961 Dove Plum Court**
STREET ADDRESS **Hollywood, FL 33019**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, or in any other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-2003

954-922-1748

Date

Daytime Phone #

CR2E034 (10/02)