## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P02000121277 **DOCUMENT #**



Mar 27, 2003 8:00 am § Secretary of State **FILED** 

COOL TE		RP.						0	3-27-2003	90123 00	3 ***158	5.75	
Principal Place of Business 16769 NW 12 COURT 16769 NW 12 COURT PEMBROKE PINES FL 33028  Mailing Address 16769 NW 12 COURT PEMBROKE PINES FL 33028													
2. Principal P	Place of Busin	ess	3. Maili	3. Mailing Address									
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City 8	City & State			4.				plied For t Applicable	]	
Zip	Country							Certificate of Stat		F.	8.75 Add ee Require		
	and Address of Currer			7.	Name and Addre	ss of New R	egistered Ag	jent		1			
PB&A FINANCIAL SVS CORP. 13935 NW 1 AVE						Name C Street Add		hen W.C. Box Number is No	, ,	·)		<u>.+. 1 </u>	-
13935 NW 1 AVE (***) MIAMI FL 33168						167	769	N.W. 12	ct				
		•		•			mbro	le Pine		, FL	Zip Code	028	
	named entity ions of regist	y submits this statement ered agent.	for the purpo			ed office or re	egistered a	agent, or both, in th	e State of Flo	orida. I am fai	miliar with,	and accept	
SIGNATURE .	Signature typed	or printed name of registered age	nt and title if appli	tephen /		EEF I Agent signature	required when	reinstating)	<i>(</i>	7/25/0.	7		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fun	Campaign Fir d Contributio	n.	Added	May Be to Fees	
10.		OFFICERS AN	D DIRECTOR	is	11.			ADDITIONS/CHAN	GES TO OFF	ICERS AND D	DIRECTORS	S IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STEPHEN 12 COURT E PINES FL 33028		☐ Delete						ļ	Change	☐ Addition	E034 (10/02)
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**