

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90034 033 ***150.00

0009116 AT

DOCUMENT # P02000125340

1. Entity Name
PCBAANG, INC.



Principal Place of Business
~~21445 54TH DRIVE SOUTH~~
BOCA RATON FL 33486

Mailing Address
~~21445 54TH DRIVE SOUTH~~
BOCA RATON FL 33486

2. Principal Place of Business
5406 214TH CT SOUTH
Suite, Apt. #, etc.

3. Mailing Address
5406 214TH CT SOUTH
Suite, Apt. #, etc.

City & State
BOCA RATON, FL
Zip
33486
Country
USA

City & State
BOCA RATON, FL
Zip
33486
Country
USA

4. FEI Number
01-0755441

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PCBAANG, INC.~~
~~21445 54TH DRIVE SOUTH~~
~~BOCA RATON FL 33486~~
KATHLEEN HAMMOND
5406 214TH CT SOUTH
BOCA RATON, FL 33486

Name KATHLEEN HAMMOND
Street Address (P.O. Box Number is Not Acceptable)
SARL
City FL **Zip Code**

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 KATHLEEN HAMMOND, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-11-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HAMMOND, KATHLEEN
STREET ADDRESS 21445 54TH DRIVE SOUTH
CITY-ST-ZIP BOCA RATON FL 33486

TITLE PRESIDENT ☒ Change ☐ Addition
NAME KATHLEEN HAMMOND
STREET ADDRESS 5406 214TH COURT SOUTH
CITY-ST-ZIP BOCA RATON FL 33486

TITLE SD ☒ Delete
NAME FARKAS, LEONARDO
STREET ADDRESS 21445 54TH DRIVE SOUTH
CITY-ST-ZIP BOCA RATON FL 33486

TITLE SD ☐ Change ☒ Addition
NAME TERYN MCCULLOUGH
STREET ADDRESS 5414 214TH CT SOUTH
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

KATHLEEN HAMMOND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)