

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 050 ***150.00

**2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P04000124965**
1. Entity Name
P.C. BROTHERS INVESTMENT INC

DO NOT WRITE IN THIS SPACE

✓
40076325

2. Principal Place of Business
9300 S. DIXIE HWY
Suite, Apt. #, etc.
#105
City & State
Miami, FL
Zip
33156 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1567535 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **DIEGO PEREZ**
Street Address (P.O. Box Number is Not Acceptable)
9300 S. DIXIE HWY #105
City **Miami** FL Zip Code **33156**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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	PD
NAME	DIEGO PEREZ
STREET ADDRESS	9300 S. DIXIE HWY #105
CITY - ST - ZIP	Miami, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)